

Municipality \_\_\_\_\_

**Business Type**

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

**Reason for Registration**

- Courtesy withholding for an employee's resident municipality
- Doing business within the municipality this year (temporary)  
Approx. # of days \_\_\_\_\_ Start Date \_\_\_\_\_
- Business with a fixed location  
Date business began at this location \_\_\_\_\_

**Company Information (List physical address of work performed within this municipality)**

Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_  
 Address: \_\_\_\_\_ SSN : \_\_\_\_\_  
(required if sole proprietorship)  
 City/State/Zip: \_\_\_\_\_  
 Mailing Address (for withholding tax forms / if different from above) \_\_\_\_\_  
 Mailing Address (for net profit tax forms / if different from above) \_\_\_\_\_

**\*Please note that your Federal Identification Number will serve as your RITA account number.**

**Filing Status:**

- Calendar year
- Fiscal year / month ending \_\_\_\_\_

Do you have any employees?  Yes  No

Number of employees at RITA location \_\_\_\_\_

My withholding is filed under a 3rd party account (PEO or common paymaster)  Yes  No  
If yes, list Federal ID # \_\_\_\_\_

Monthly gross payroll at RITA location \$ \_\_\_\_\_

I am a small employer (under \$500,000 in gross revenue during previous year)  Yes  No

**Contractors**

I am a contractor  Yes  No

Will you be using sub-contractors?  Yes  No  
If yes, complete page 2.

Total contract amount of the project \$ \_\_\_\_\_

The Information Hereby Submitted is True and Correct.

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

Mail to: RITA  
ATTN: BUSINESS REGISTRATION  
P.O. BOX 477900  
BROADVIEW HEIGHTS, OH 44147-7900

**ritaohio.com**

Call: 800.860.7482, ext. 5008  
TDD: 440.526.5332  
Fax: 440.526.3136

<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
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<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
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	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade

\*If more space is needed, you may attach a separate schedule that includes **ALL** of the required information listed above.

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