

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 : _____ <small>(required if sole proprietorship)</small>
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)  
If yes, list Federal ID # \_\_\_\_\_       Yes     No
- 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:** City of Chardon  
Attn: Barbara Raikes  
111 Water St.  
Chardon, Oh 44024

**ritaohio.com**

**Call:** 440-286-2696  
**Fax:** 440-279-0903

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