

Municipality _____

Business Type

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

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 proprietor)
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 ☐ NoWill 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

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