

# CONTRACTOR INFORMATION

MUNICIPALITY: \_\_\_\_\_

BUILDING PERMIT #: \_\_\_\_\_

ADDRESS OF CONSTRUCTION SITE: \_\_\_\_\_

TOTAL CONTRACT AMOUNT: \$ \_\_\_\_\_

As the contractor, will your company be withholding local income tax from all employees on the job?  YES  NO

COMPANY/ADDRESS - CITY, STATE AND ZIP		OFFICER/OWNER NAME PHONE NUMBER	SOCIAL SECURITY OR FEDERAL I.D. NUMBER	ESTIMATED START DATE	NUMBER OF EMPLOYEES	ESTIMATED WAGES PER MONTH	TRADE
BCR 029							
BCR 029							
BCR 029							
BCR 029							
BCR 029							
BCR 029							

If necessary attach a separate sheet

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

REGIONAL INCOME TAX AGENCY  
ATTN: BUSINESS REGISTRATION  
P.O. BOX 477900  
BROADVIEW HEIGHTS, OH 44147-7900

CLEVELAND TOLL FREE: (800) 860-RITA (7482)  
COLUMBUS TOLL FREE: (866) 721-RITA (7482)  
YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)

TDD: (440) 526-5332  
FAX: (440) 526-3136

