

CITY OF CANAL FULTON BUSINESS REGISTRATION

FEDERAL IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER (COMPLETE **ONLY** IF A SOLE PROPRIETOR)

FILING STATUS: CORPORATION ESTATE/TRUST LLC NON-PROFIT PARTNERSHIP S-CORP. SOLE PROPRIETOR

LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES

BUSINESS NAME: _____ PHONE: (_____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE

BUSINESS NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS

NAME: _____ PHONE: (_____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WHAT DATE DID YOU BEGIN OPERATIONS IN CANAL FULTON? _____

PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE.

NAICS _____ TRANSPORTATION NON MANUFACTURING MANUFACTURING WHOLESALE
 RETAIL FINANCE SERVICES PUBLIC ADMINISTRATION NON CLASSIFICATION

EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY **ONE**) YES NO ARE CONTRACTORS UTILIZED? (CHECK ONLY **ONE**) YES NO
*IF YES COMPLETE REVERSE SIDE.

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.

NUMBER OF EMPLOYEES AT LOCATION: _____ MONTHLY GROSS PAYROLL AT LOCATION: _____

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY? YES NO

SEND WITHHOLDING TAX FORMS TO

BUSINESS NAME: _____ PHONE: (_____) _____

CARE OF: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

PROFIT/LOSS INFORMATION

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR _____ / _____ / _____
MONTH DAY YEAR

SEND NET PROFIT TAX RETURN TO

BUSINESS NAME: _____ PHONE: (_____) _____

CARE OF: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____ PHONE: _____

ADRESS OF CONSTRUCTION SITE:

BUILDING PERMIT NUMBER:

AS THE CONSTRUCTOR WILL YOUR COMPANY BE WITHHOLDING LOCAL INCOME TAX FOR ALL EMPLOYEES ON JOB? YES___ NO___

SUBCONTRACTORS

COMPANY NAME/ADDRESS_____

OFFICER/OWNER_____

PHONE:_____ SS#/FEIN_____

ESTIMATED START DATE_____ #OF EMPLOYEES_____ ESTIMATED WAGES\$_____

COMPANY NAME/ADDRESS_____

OFFICER/OWNER_____

PHONE:_____ SS#/FEIN_____

ESTIMATED START DATE_____ #OF EMPLOYEES_____ ESTIMATED WAGES\$_____

COMPANY NAME/ADDRESS_____

OFFICER/OWNER_____

PHONE:_____ SS#/FEIN_____

ESTIMATED START DATE_____ #OF EMPLOYEES_____ ESTIMATED WAGES\$_____

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COMPANY NAME/ADDRESS_____

OFFICER/OWNER_____

PHONE:_____ SS#/FEIN_____

ESTIMATED START DATE_____ #OF EMPLOYEES_____ ESTIMATED WAGES\$_____