

**CITY OF BROOK PARK BUSINESS & CORPORATION REGISTRATION FORM**

W/H ACCT. NO. \_\_\_\_\_ **DATE MOVED/**  
 DR. ACCT. NO. \_\_\_\_\_ **STARTED IN CITY** \_\_\_\_\_  
 LOCAL BUS. NAME \_\_\_\_\_ LOCAL PHONE NO. \_\_\_\_\_  
 LOCAL BUS. ADDRESS \_\_\_\_\_ **FED. I.D. NO.** \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_  
 CORP. NAME \_\_\_\_\_ CORP. PHONE NO. \_\_\_\_\_  
 CORP. ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNTING PERIOD USED  
 OWNER'S NAME \_\_\_\_\_ FOR FEDERAL INCOME TAX  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ CALENDER YEAR \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FISCAL YR. MTH. END \_\_\_\_\_

**NATURE OF BUSINESS** \_\_\_\_\_  
 If subsidiary, list name of parent Co. \_\_\_\_\_  
 Type of ownership: \_\_\_\_ Individual Proprietorship \_\_\_\_ Corp \_\_\_\_ Partnership \_\_\_\_ Non-Profit \_\_\_\_ Assoc.  
 Does your business have employees? \_\_\_\_\_ Number in Brook Park \_\_\_\_\_  
 Is payroll tax remitted for resident employee/s? (RESIDENCY TAX) YES \_\_\_\_ NO \_\_\_\_  
 Has company previously filed under another name? \_\_\_\_\_ Provide Name \_\_\_\_\_

If partnership, association or other unincorporated joint business venture, list names, and addresses of all partners, statutory agents, associates or members in the venture. If partnership, will partners file separately? \_\_\_\_ YES \_\_\_\_ NO

	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>S.S. NO.</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

Accountant's Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Do you own property in Brook Park? \_\_\_\_ YES \_\_\_\_ NO  
 If answer is Yes, list property location \_\_\_\_\_  
 Do you pay rent on any offices or building in Brook Park? \_\_\_\_ YES \_\_\_\_ NO  
 If answer is Yes, list name(s) & address(es) of Landlord(s) \_\_\_\_\_

Mail Business Net Profit Tax Returns to:                      Mail Employer Withholding Forms to:  
 Name \_\_\_\_\_ Name \_\_\_\_\_  
 Care of \_\_\_\_\_ Care of \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Supplemental Information – Brook Park Resident Companies must complete this section:**  
 P.U.C.O. Number \_\_\_\_\_ (Attach Authorization) 401(k) Plan YES \_\_\_\_ NO \_\_\_\_  
 Outside Landscaping Service \_\_\_\_\_  
 Waste Removal Service \_\_\_\_\_  
 Outside Janitorial Service \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.**

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

Type or print Name of Signator \_\_\_\_\_  
**ALL INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL AND IS USED FOR CITY INCOME TAX PURPOSES ONLY.**