DATE BUSINESS STARTED  PHONE NO.    FEDERAL IDENTIFICATION NUMBER		Cl Phone:	AND BUSINESS IUNICIPAL INCO 1701 Lakeside Avenue eveland, Ohio 44114-1 216-664-2070, 1-800-2 w.ccatax.ci.cleveland.c	<b>DME TAX</b> 9 118 223-6317	N		
NAME OR CORPORATE NAME	DATE BUSINESS ST	ARTED	I	PHONE NO			
BUSINESS OR TRADE NAME	FEDERAL IDENTIFIC	CATION NUMBER _					
BUSINESS ADDRESS IN TAXING COMMUNITY      MAILING ADDRESS      MAILING ADDRESS      ADDRESS OF OUTSIDE ACCOUNTANT SHOULD NOT BE USED      CHECK BUSINESS TYPE      SOLE PROPRIETOR**    CORPORATION      PARTNERSHIP    LIMITED LIABILITY CO      S-CORPORATION    NON-PROFIT CORP      ESTATE OR TRUST    GOVERNMENTAL      FINANCIAL ORG.    UNION      OTHER    (Detail)      ***F SOLE PROPRIETOR YOU MUST COMPLETE BOTH SIDES OF THIS FORM      # is your responsibility to advise this office of any changes in your status      ***********************************	NAME OR CORPORAT						
BUSINESS ADDRESS IN TAXING COMMUNITY      MAILING ADDRESS      MAILING ADDRESS      ADDRESS OF OUTSIDE ACCOUNTANT SHOULD NOT BE USED      CHECK BUSINESS TYPE      SOLE PROPRIETOR**    CORPORATION      PARTNERSHIP    LIMITED LIABILITY CO      S-CORPORATION    NON-PROFIT CORP      ESTATE OR TRUST    GOVERNMENTAL      FINANCIAL ORG.    UNION      OTHER    (Detail)      ***F SOLE PROPRIETOR YOU MUST COMPLETE BOTH SIDES OF THIS FORM      # is your responsibility to advise this office of any changes in your status      ***********************************	BUSINESS OR TRADE						
MAILING ADDRESS							
ADDRESS OF OUTSIDE ACCOUNTANT SHOULD NOT BE USED      CHECK BUSINESS TYPE      SOLE PROPRIETOR**      CORPORATION							
CHECK BUSINESS TYPE      SOLE PROPRIETOR**				DT BE USED			
SOLE PROPRIETOR**    CORPORATION      PARTNERSHIP    LIMITED LIABILITY CO      S-CORPORATION    NON-PROFIT CORP      ESTATE OR TRUST    GOVERNMENTAL      FINANCIAL ORG.    UNION      OTHER    (Detail)      **IF SOLE PROPRIETOR YOU MUST COMPLETE BOTH SIDES OF THIS FORM      It is your responsibility to advise this divide of any changes in your status      Will you be withholding employment taxes?    Yes      For what city(s)    No      More than \$100 per month?    Yes      Number of employees in CCA?    First payroll date      Will you be withholding residence taxes?    Yes      Type of business (Mfg., Commercial, etc.)	*********************				**********	***********	
PARTNERSHIP    LIMITED LIABILITY CO      S-CORPORATION    NON-PROFIT CORP      ESTATE OR TRUST    GOVERNMENTAL      FINANCIAL ORG.    UNION      OTHER    (Detail)      **IF SOLE PROPRIETOR YOU MUST COMPLETE BOTH SIDES OF THIS FORM      It is your responsibility to advise this office of any changes in your status      Will you be withholding employment taxes?    Yes      For what city(s)      More than \$100 per month?    Yes      Number of employees in CCA?    First payroll date      Will you be withholding residence taxes?    Yes      Name of person responsible for filing forms:      Name    Title      Phone No.      Signature    Date      Mathers    Gord River      Mathers    Grad River      Mathers    Grad River      Mathers    Highand Hills      Mathers    Grad River      Mathore    <			K BUSINESS T	<u>/PE</u>			
S-CORPORATION    Image: Correct of the system of the syst							
ESTATE OR TRUST    GOVERNMENTAL      FINANCIAL ORG.    UNION      OTHER    (Detail)      **IF SOLE PROPRIETOR YOU MUST COMPLETE BOTH SIDES OF THIS FORM      It is your responsibility to advise this office of any changes in your status      **Will you be withholding employment taxes?    Yes      For what city(s)							
FINANCIAL ORG.    UNION							
**IF SOLE PROPRIETOR YOU MUST COMPLETE BOTH SIDES OF THIS FORM      It is your responsibility to advise this office of any changes in your status      Will you be withholding employment taxes?      Yes    No      For what city(s)	FINANCIAL ORG.						
It is your responsibility to advise this office of any changes in your status      Will you be withholding employment taxes?    YesNo	OTHER	(Detail)	)				
Will you be withholding employment taxes?    YesNo	**IF SOLE	<b>PROPRIETOR YOU M</b> t is your responsibility to ad	UST COMPLETE	BOTH SIDES OF y changes in your st	THIS FORM	****	
More than \$100 per month?    YesNo							
Number of employees in CCA?    First payroll date      Will you be withholding residence taxes?    YesNo	For what city(s)						
Will you be withholding residence taxes?    Yes No	More than \$100 per m	onth?	Yes	No	_		
Type of business (Mfg., Commercial, etc.)      Fiscal Period ending month      Name of person responsible for filing forms:      Name    Title      Phone No.      Signature    Date      MEMBERS      Ada    Creston      Ada    Creston      Bratenahl    Euclid      Liberty Center    Mentor-on-the-Lake      North Flag of Oakwood    Perry      Warensville Hts.    Warensville Hts.      Bratenahl    Euclid      Liberty Center    Metamora      Middfreid    Orweil      Painesville    Sevillee      Willoughby Hills	Number of employees in CCA? First payroll date						
Fiscal Period ending month      Name of person responsible for filing forms:      Name    Title      Phone No.      Signature    Phone No.      MEMBERS      Ada    Creston      Ada    Creston      Members      Ada    Creston      Grand River    Mentor      Members      Ada    Creston      Ada    Creston      Grand River    Mentor-on-the-Lake      North Randall    Perry      Bartenahl    Euclid      Burton    Gates Mils      Burton    Gates Mils      Madison Village    Northfield Village      Northfield Village    Painesville      Seville    Willoughby Hills	Will you be withholdin	ng residence taxes?	Yes	No	_		
Name of person responsible for filing forms:      Name    Title    Phone No.      Signature    Date      MEMBERS    Ada    Creston    Grand River    Mentor      Ada    Creston    Grand River    Mentor-on-the-Lake    North Perry    Peninsula    Timberlake      Members    Mentor-on-the-Lake    North Randall    Perry    Wadsworth      Bartenahl    Euclid    Liberty Center    Metamora    Village of Oakwood    Perry    Wadsworth      Burton    Gates Mills    Liberty Center    Middlefield    Orwell    Painesville    Willoughby Hills	Type of business (Mfg	J., Commercial, etc.)					
Name    Title    Phone No.      Signature    Date      MEMBERS    Ada    Creston    Grand River    Mentor    North Perry    Peninsula    Timberlake      Members    Ada    Creston    Grand River    Mentor    North Randall    Perry    Wadsworth      Bratenahl    Euclid    Liberty Center    Metamora    Village of Oakwood    Rock Creek    Warrensville Hts.      Burton    Gates Mills    Linndale    Middlefield    Orwell    Painesville    Seville    Willoughby Hills	Fiscal Period ending r	month					
Signature    Date      MEMBERS    Ada    Creston    Grand River    Mentor    North Perry    Peninsula    Timberlake      Andover    Dunkirk    Highland Hills    Mentor-on-the-Lake    North Randall    Perry    Wadsworth      Bratenahl    Euclid    Liberty Center    Metamora    Village of Oakwood    Rock Creek    Warrensville Hts.      Burton    Gates Mills    Linndale    Middlefield    Orwell    Rocky River    Willoughby      Chardon    Geneva-on-the-Lake    Madison Village    Northfield Village    Painesville    Seville    Willoughby Hills	Name of person respo	onsible for filing form	IS:				
MEMBERS    Ada    Creston    Grand River    Mentor    North Perry    Peninsula    Timberlake      Andover    Dunkirk    Highland Hills    Mentor-on-the-Lake    North Randall    Perry    Wadsworth      Bratenahl    Euclid    Liberty Center    Metamora    Village of Oakwood    Rock Creek    Warrensville Hts.      Burton    Gates Mills    Linndale    Middlefield    Orwell    Rocky River    Willoughby      Chardon    Geneva-on-the-Lake    Madison Village    Northfield Village    Painesville    Seville    Willoughby Hills	Name Title _		Phone No				
MEMBERS    Ada    Creston    Grand River    Mentor    North Perry    Peninsula    Timberlake      Andover    Dunkirk    Highland Hills    Mentor-on-the-Lake    North Randall    Perry    Wadsworth      Bratenahl    Euclid    Liberty Center    Metamora    Village of Oakwood    Rock Creek    Warrensville Hts.      Burton    Gates Mills    Linndale    Middlefield    Orwell    Rocky River    Willoughby      Chardon    Geneva-on-the-Lake    Madison Village    Northfield Village    Painesville    Seville    Willoughby Hills	Signature			Date			
AndoverDunkirkHighland HillsMentor-on-the-LakeNorth RandallPerryWadsworthBratenahlEuclidLiberty CenterMetamoraVillage of OakwoodRock CreekWarrensville Hts.BurtonGates MillsLinndaleMiddlefieldOrwellRocky RiverWilloughbyChardonGeneva-on-the-LakeMadison VillageNorthfield VillagePainesvilleSevilleWilloughby Hills	MEMBERS						
Burton      Gates Mills      Linndale      Middlefield      Orwell      Rocky River      Willoughby        Chardon      Geneva-on-the-Lake      Madison Village      Northfield Village      Painesville      Seville      Willoughby Hills	Andover Dunkirk	Highland Hills	Mentor-on-the-Lake	North Randall	Perry	Wadsworth	
	Burton Gates Mills	Linndale	Middlefield	Orwell	Rocky River	Willoughby	
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