

**CITY OF CLEVELAND HEIGHTS**  
Department of Finance/Income Tax Division  
PO Box 18850  
Cleveland Heights, Ohio 44118

**BUSINESS REGISTRATION FORM**

All entities conducting business in the City of Cleveland Heights are *required to be registered* with the Income Tax Division.

Once you are registered with the City, your filing requirement will be determined based on the type of business entity. The appropriate forms to file will be sent to you upon registration.

**General Information:**

The City of Cleveland Heights tax rate is currently two percent (2%) on business net profits earned and employee wage income earned in the City.

**Net Profits:** Corporations and partnerships must file a Net Profit (N-7) Tax Return annually. Sole proprietorships, who file Federal Schedule C, must file an Individual (I-8) Tax Return annually. All businesses that anticipate to have a tax liability of \$100 or more must submit quarterly estimated taxes.

**Employer Withholding:** Income tax must be withheld on employee income earned in Cleveland Heights. Income includes gross salary, wages, and other compensation. Tax withheld must be submitted monthly using a W-1 form. Submissions may be sent quarterly if payroll is less than \$5,000 per month.

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Company Name \_\_\_\_\_ Federal ID Number \_\_\_\_\_  
(Please Print) (REQUIRED)

DBA (if different from company name) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Please Print)

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Please Print)

Type of Business Entity (check one: This information is needed to determine the filing requirement)

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Corporation  | <input type="checkbox"/> Sub-S Corporation       | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Trusts or Estates  | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Government  |
| <input type="checkbox"/> Sole Proprietorship - Social Security # _____ (in lieu of Federal ID Number) |  |                                      |

Accounting Period:  Calender Year End?  Fiscal Year End? • Month/Day of Fiscal Year End \_\_\_\_/\_\_\_\_

- When did business activity in Cleveland Heights start? \_\_\_\_\_
- Do you have employees working in Cleveland Heights? YES / NO
- If yes, does your monthly payroll (gross wages) exceed \$5,000? YES / NO

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