

**CITY OF CAMBRIDGE
INCOME TAX DEPARTMENT
1131 STEUBENVILLE AVENUE
CAMBRIDGE OH 43725
Phone – (740) – 439-2355
Fax – (740) – 435-0496**

BUSINESS REGISTRATION FORM

Dear Taxpayer:

As a business operating within the corporation limits of Cambridge, you are obligated to comply with the City of Cambridge Income Tax Ordinance. Under this ordinance, you are required to do the following:

1. Withhold taxes at a rate of 2 % on the total gross wages of all employees that **work and/or reside** in the corporation limits of Cambridge.
2. File a Cambridge City income tax return on the net profit/loss derived in Cambridge and pay taxes of 2% on any net profit. This return and payment of any taxes is due April 15th of each year, or 120 days from the end of a fiscal year.
3. Complete and return the business questionnaire within ten days.

Failure to comply with the above is in violation of Cambridge City Ordinance.

Your prompt attention to this matter is requested and appreciated. Should you have questions concerning your filing requirements, please contact this department.

Respectfully,

City of Cambridge
Income Tax Department

CITY OF CAMBRIDGE INCOME TAX DEPARTMENT

1131 STEUBENVILLE AVENUE

CAMBRIDGE OH 43725

Phone (740)-439-2355

Fax (740)-435-0496

www.cambridgeoh.org

e-mail: treas-itax@cambridgeoh.org

BUSINESS QUESTIONNAIRE

NAME _____ FED ID # _____

ADDRESS _____

CITY, STATE, ZIP _____

TO INSURE ACCURATE RECORDS, PLEASE ANSWER ALL QUESTIONS THAT PERTAIN TO YOUR TAXABLE STATUS IN THE CITY OF CAMBRIDGE. PLEASE COMPLETE AND RETURN WITHIN 10 DAYS. YOUR COOPERATION IS APPRECIATED.

Local name and address used for business purposes:

Trade Name - _____

Location in Cambridge - _____

IS THIS A COURTESY WITHHOLDING ACCOUNT FOR RESIDENT EMPLOYEES ONLY? _____
(If so, list employee(s) name, address and social security number, sign, date and return this form)

Do you employ any persons working within the City of Cambridge? If yes, the number _____

Accounting period used for Income Tax purposes: Calendar year ending December 31 _____

Check one – (If fiscal year, write ending date) Fiscal Year ending _____

Type of ownership: (check which applies): Individual Proprietorship ____ Corporation ____ Partnership ____ Non-profit ____
Assoc ____ LLC ____ Other – PLEASE EXPLAIN _____

• If partnership, association, or other unincorporated joint business venture, indicate how the net profit Cambridge Income Tax return will be filed and paid.

_____ In full by the business or _____ separately by the individual members on proportionate shares.

List names and address of partners on back.

• If individual proprietorship, indicate name, address and social security number of owner on back.

• If corporation, please indicate name, address and social security number of CEO on back.

With reference to real estate properties located **WITHIN the City of Cambridge:** Does the business occupy, as tenant, real property in Cambridge rented from others? _____ If so, to whom is rent paid? (Give owners name and address).

(1) _____

The information hereby submitted is true and correct.

Name _____ Date _____ Phone No. _____ Ext. _____
(Signature)

(Printed name and title)