

CITY OF NEW CARLISLE
DIVISION OF TAXATION
331 S CHURCH STREET, PO BOX 419
NEW CARLISLE, OH 45344-0419
PHONE: 937-845-9492 FAX: 937-845-2338
WWW.NEWCARLISLE.NET

BUSINESS INCOME TAX REGISTRATION

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BILLING ADDRESS (if different): _____

NAME OF BUSINESS OWNER: _____

CONTACT NAME: _____

CONTACT PHONE: _____ CONTACT EMAIL: _____

FEIN NUMBER: _____ OR SOCIAL SECURITY NUMBER: _____

DATE OF BUSINESS OPENING: _____

NUMBER OF EMPLOYEES: _____

TYPE OF YEAR: CALENDAR: _____ IF FISCAL YEAR, SHOW ENDING DATE: _____

TYPE OF BUSINESS: _____

IF SHORT TERM OR ONE TIME PROJECT COMPLETE THE FOLLOWING:

LOCATION: _____
(Street, City & State)

APPROXIMATE PROJECT LENGTH:

FROM: _____ TO: _____

Authorized Signature

Date

PLEASE RETURN COMPLETED FORM WITHIN FIFTEEN (15) DAYS.