CITY OF STRUTHERS

Business Registration

EMAIL COMPLETED FORM TO TAXCOMMISSIONER@CITYOFSTRUTHERS.COM

COMPANY NAME	
STREET ADDRESS	
SUITE/UNIT	
CITY, STATE, ZIP	
FEIN	

Have you ever filed taxes in the City of Struthers before? Y ○ N ○

If yes, please provide:

COMPANY NAME	
STREET ADDRESS	
SUITE/UNIT	
CITY, STATE, ZIP	
FEIN	

DBA NAME *(If different from company name)*		
TYPE OF OWNERSHIP	◉ Sole Proprietorship ○ Partnership ○ Corporation ○ Other: _____	
Do you have one or more employees?		Y ○ N ○
Do you expect to have employees in the next 12 months?		Y ○ N ○
Per the nature of your business, do you hire subcontractors?		Y ○ N ○
Does your business rent real property from others?		Y ○ N ○
If yes, where and from whom?	Name: _____ Address: _____ _____	
Do you rent any part of your property for which you are paid rent?		Y ○ N ○
If yes, to whom?	Name: _____ Address: _____ _____	
Address to which tax forms are to be mailed (if different from business address		
STREET ADDRESS: _____ CITY, STATE, ZIP: _____		
PREPARED BY:	_____	SIGNATURE: _____
TITLE:	_____	DATE: ___/____/_____
EMAIL:	_____	PHONE: _____