



City of Mentor Municipal Income Tax Contractor Registration Form

DATE BUSINESS ESTABLISHED: _____ FEDERAL ID NUMBER: _____

FIRM NAME: _____

TYPE OF FIRM: **CORPORATION** **PARTNERSHIP**
SOLE PROPRIETORSHIP **OTHER**

CORPORATION:

CORPORATION PRESIDENT'S NAME: _____

ADDRESS\PHONE\SOCIAL SECURITY NUMBER:

CORPORATION VICE PRESIDENT'S NAME: _____

ADDRESS\PHONE\SOCIAL SECURITY NUMBER:

PARTNERSHIP:

IS THE PARTNERSHIP FILING AS AN ENTITY: **YES** **NO**

IF PARTNERSHIP IS **NOT** FILING AS AN ENTITY, COMPLETE THE FOLLOWING INFORMATION:

NAME ADDRESS\SOCIAL SECURITY NUMBER: _____

NAME\ADDRESS\SOCIAL SECURITY NUMBER: _____

NAME\ADDRESS\SOCIAL SECURITY NUMBER: _____

SOLE PROPRIETORSHIP:

NAME OF PROPRIETOR: _____

ADDRESS\PHONE\SOCIAL SECURITY NUMBER:

OTHER:

NAME: _____ TYPE: _____

ADDRESS\PHONE\SOCIAL SECURITY NUMBER:

DOES FIRM HAVE EMPLOYEES? **YES** **NO** IF YES HOW MANY? _____

FIRM USING SUB-CONTRACTORS? **YES** **NO** IF YES SUBMIT A SEPARATE LIST OF EACH SUB-CONTRACTOR LISTING NAME/ADDRESS/SOCIAL SECURITY NUMBER

DATE STARTED ON PROJECT: _____ EXPECTED COMPLETION DATE: _____

CITY PROJECT NUMBER: _____ FISCAL YEAR END _____