



Business/Contractor Registration Form

THIS QUESTIONNAIRE IS FOR SOLE PROPRIETORS, PARTNERSHIPS, AND CORPORATIONS DOING BUSINESS IN THE CITY OF LANCASTER OR WITHHOLDING LANCASTER INCOME TAX FOR RESIDENTS WORKING OUTSIDE OF LANCASTER AND EMPLOYER COURTESY WITHHOLDING.

1. Name _____ Account# Office Use Only _____
2. Trade Name (DBA) _____ Phone _____
3. Federal EIN or Soc Sec # _____ Email _____
4. Address _____
5. Name and address where tax forms are to be mailed (if different from above) _____

6. Type of business ownership (check one)
- Sole proprietor (Schedule C) Provide Name and SSN _____
- Partnership Non-profit organization (Go to question 7)
- Other (please specify) _____ Corporation
7. If withholding is courtesy withholding, please give start date for withholding
Anticipated monthly withholding tax due to Lancaster _____
If withholding is only for remote/work from home workers please check this box

****If your company is only withholding for employees and has no business activity in the city, skip 8-13.***

8. Nature of business conducted: _____
9. When does your fiscal year end—must be the same as your federal return _____
10. Give date business and/or withholding began in this taxing jurisdiction _____
11. Do you have employees working in the taxing jurisdiction at the top of the form?
 Yes—If yes, approximate monthly withholding \$ _____ No
12. Will you be conducting business in Lancaster? Yes No
Estimated days working in Lancaster _____ Location and date of job performed _____
13. Will you be using subcontractors? Yes—If yes, approximate # _____ No
If yes, submit a list of all subcontractors on your letterhead. (Include: business name, address, contact name, phone number, and nature of work being performed.)
14. The information hereby submitted, including any accompanying lists and statements, is true and correct.

Name of Contact Person (Please print) _____

Contact Person Signature _____ Date _____