This form can be filed on our website www.columbustax.net "New Account Setup"

Form **IT-47**

City of Columbus, Income Tax Division

Request for Municipal Income Tax Account for Columbus

PART A GENERAL INFORMATION

Taxpayer federal EIN/FID/SSN

Reporting agent's federal EIN

Taxpayer's legal name

Mailing address for business tax returns and correspondence

City | State | Zip code

Mailing address for payroll tax returns and correspondence

City | State | Zip Code

Trade name/DBA

Fiscal year end (if applicable)

Name of payroll service or employee leasing company (if any)

☐ Payroll Service

☐ Leasing Co.

Business Type:

- ☐ C-Corporation (1120)
- ☐ S-Corporation (1120S)
- ☐ Partnership (1065)
- ☐ Trust (1041)
- ☐ LLC filing as Partnership
- ☐ LLC filing as Corporation
- ☐ Single Member LLC (Disregarded Entity)
  Please identify owner/member:
  Name: _____ *FID/SSN:* _____
  Business type (corporation, partnership, or individual): _____
- ☐ Domestic Help
- ☐ Non-Profit
- ☐ Government Employer
- ☐ Courtesy Employer
- ☐ Sole Proprietor (Schedule C)

Date business started in our area

Date of 1st payroll for City of Columbus

Approximate monthly payroll for employees working in the City of Columbus

Pay cycle (weekly, biweekly, monthly etc.)

Nature of business (i.e. computer, consulting, etc.)

PART B CONTACT INFORMATION

Name of President, CEO, Tax Matters, Partner or Trustee

Home address of President, CEO, Tax Matters, Partner or Trustee

SSN of President, CEO, Tax Matters Partner, or Trustee

City | State | Zip Code

Name of Officer or Partner in charge of payroll

Home address of President, CEO, Tax Matters, Partner or Trustee

SSN of Officer or Partner in charge of payroll

City | State | Zip Code

Name of internal payroll tax contact | Payroll tax contact's title | E-mail address | Payroll tax phone # | Payroll tax fax #

Name of internal business tax contact | Business tax contact's title | E-Mail address | Business tax phone # | Business tax fax #

PART C GREATER COLUMBUS METROPOLITAN AREA ADDRESSES

List all Columbus area addresses where you have employees working. Consulting firms should include the addresses of client locations if the firm has employees physically working at client sites (indicate if address given is a client site). Construction firms should include job site addresses (indicate if address given is a job site). Businesses with a significant number of field employees who work at multiple customer sites in a week should list only their actual locations, and in one of the boxes below indicate the geographic area served by their field employees (for example: "Field employees working out of our Columbus office serve our Ohio and Indiana customers"). Attach a separate sheet if more space is needed.

Street address | City | State | Zip Code

Street address | City | State | Zip Code

PART D SPECIAL INSTRUCTIONS FOR PARTNERSHIP AND S-CORPORATIONS

Attach a separate sheet showing the name, SSN/FID and address of each partner or shareholder. Identify owner/member's name, address, and FID No. (SSN if an individual). If the owner is a corporation, include an officer and SSN. If a partnership, include the tax matters partner with SSN.

PART E SIGNATURE OF PERSON COMPLETING FORM

Signature _____ Date _____