

## Business Registration

<b>REASON FOR REGISTRATION</b>	<b>TYPE OF BUSINESS</b>
<input type="checkbox"/> COURTESY WITHHOLDING (for employee's resident municipality) <input type="checkbox"/> WORKPLACE WITHHOLDING (for employees working in Fairfield) <input type="checkbox"/> NET PROFIT ACCOUNT (doing business in Fairfield)	<input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> S-Corp <input type="checkbox"/> Estate/Trust <input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietor/LLC <input type="checkbox"/> Partnership
# of Employees Working in Fairfield: _____ Start Date: _____	Fiscal Year End: _____
# of Employees Residing in Fairfield: _____ Start Date: _____	Type of Product/Service: _____
<b>COMPANY INFORMATION (Include physical address of work performed within Fairfield.)</b>	
Name: _____	Federal ID #: _____ <small>(FID used for submitting withholdings)</small>
D/B/A: _____	Federal ID #: _____ <small>(FID used for reporting net profit/loss)</small>
Fairfield Location: _____	SSN: _____ <small>(Required if sole proprietor)</small>
Landlord Name/Address: _____  _____	<b>*Please note that your Federal ID will serve as your Fairfield account number for withholding and net profit accounts.</b> <small>(i.e. XX-XXXXXXW and XX-XXXXXXXC)</small>
Mailing Address: (for tax forms, if different from above.)  _____  _____	<input type="checkbox"/> Quarterly Withholding <input type="checkbox"/> Monthly Withholding (over \$200/mo.) <input type="checkbox"/> Semi-Monthly Withholding
Contact Person _____  Telephone Number: _____	Payroll Company: _____
<b>ADDITIONAL INFORMATION (Required.)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>This company replaces a company</b> previously registered: _____ <small>(Name)</small>	
FID (Net Profit): _____ FID (Withholding): _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>This company is a small employer.</b> (under \$500,000 in gross revenue during previous year.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>This company is a contractor.</b> (Attach list of subcontractors.) Contract Amount: \$ _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>This company leases employees.</b> (Name of leasing company): _____	

**Name/Address of Corporate Officers (Attach list.):** \_\_\_\_\_

If your payroll provider requires verification of your Fairfield account number, fax them a copy of this form to verify Fairfield uses your FID as our account number.

(Print Name) \_\_\_\_\_ (Title) \_\_\_\_\_  
  
(Signature) \_\_\_\_\_

(Phone Number) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

I hereby verify that the above information is true and correct.