



VILLAGE OF MANTUA
Office of the Income Tax Administrator
4650 West High Street
P.O. Box 775
Mantua, Ohio 44255-0775
Phone 330.274.8776 Fax 330.274.2884

BUSINESS AND CONTRACTOR INCOME TAX REGISTRY
Mantua Village Codified Ordinances- Section 171.09 (h)

COMPANY NAME:	# OF EMPLOYEES:
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ADDRESS:	PHONE:
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CITY:	STATE:	ZIP:
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OWNERS NAME:	PHONE:
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ADDRESS:

CITY:	STATE:	ZIP:
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Please list any subcontractors that are working with your company:

SUB-CONTRACTORS NAME:	# OF EMPLOYEES:
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ADDRESS:	PHONE:
-----------------	---------------

CITY:	STATE:	ZIP:
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SUB-CONTRACTORS NAME:	# OF EMPLOYEES:
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ADDRESS:	PHONE:
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CITY:	STATE:	ZIP:
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(PLEASE ADD ADDITIONAL SUBCONTRACTORS ON BACK IF NEEDED)

DATE COMPANY MOVED IN:

(or)

DATE COMPANY MOVED OUT:

SIGNATURE OF PERSON FILLING OUT THIS FORM:

DATE FORM WAS COMPLETED:

Please list any additional subcontractors that are working with your company:

SUB-CONTRACTORS NAME:		# OF EMPLOYEES:
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:
SUB-CONTRACTORS NAME:		# OF EMPLOYEES:
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:
SUB-CONTRACTORS NAME:		# OF EMPLOYEES:
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:
SUB-CONTRACTORS NAME:		# OF EMPLOYEES:
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:
SUB-CONTRACTORS NAME:		# OF EMPLOYEES:
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:
SUB-CONTRACTORS NAME:		# OF EMPLOYEES:
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:
SUB-CONTRACTORS NAME:		# OF EMPLOYEES:
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:
SUB-CONTRACTORS NAME:		# OF EMPLOYEES:
ADDRESS:		PHONE:
CITY:	STATE:	ZIP: