

**CITY OF ALLIANCE INCOME TAX DEPARTMENT**  
**APPLICATION FOR CERTIFICATION OF TAX REGISTRATION**  
(Codified Ordinance 181.172)

This registration application must be completed by any person, firm, partnership, or corporation intending to conduct a business activity within the City of Alliance involving construction.

“Construction” means any construction, reconstruction, rehabilitation, remodeling, improvement, enlargement, alteration, repair, painting, decorating, or landscaping (Codified Ordinance 181.02 (21)).

The federal identification number (social security number for individuals) must be used to identify municipal income tax records.

1. (a) Name of Applicant (actual and exact) \_\_\_\_\_

(b) Trade Name if different from above \_\_\_\_\_

(c) Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

2. Type of Taxpayer

( ) Individual Social Security Number \_\_\_\_\_

( ) Sub-Chapter S Corp Federal ID Number \_\_\_\_\_

( ) Corporation Federal ID Number \_\_\_\_\_

( ) Partnership (list individual partners below) Federal ID Number \_\_\_\_\_

Name \_\_\_\_\_ Social Security \_\_\_\_\_

3. Mailing Address \_\_\_\_\_

4. Location if different from mailing address \_\_\_\_\_

5. Date started doing business in Alliance \_\_\_\_\_

6. Accounting period for federal income tax purposes:

( ) Calendar year ending December 31 ( ) Fiscal year ending \_\_\_\_\_

7. Does applicant currently have employees? ( ) Yes ( ) No

If so, will these employees be working in Alliance? ( ) Yes ( ) No

This applicant states that it is current in its obligation to file tax returns and pay taxes to the City of Alliance and/or that it has no obligation to file tax returns or pay taxes to the City of Alliance prior to the date of this application.

I certify that I have examined this application and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_