

PART A GENERAL INFORMATION

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| <p>Taxpayer Federal EIN/FID/SSN _____ Reporting Agent's Federal EIN _____</p> <p>Taxpayer's Legal Name _____</p> <p>Mailing Address for Business Tax Returns and Correspondence _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Mailing Address for Payroll Tax Returns and Correspondence _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Trade Name _____ Fiscal Year End (if applicable) _____</p> <p style="text-align: right;"><input type="radio"/> Payroll Service</p> <p>Name of Payroll Service or Employee Leasing Company(if any) _____ <input type="radio"/> Leasing Co.</p> | <p>Business Type</p> <p><input type="checkbox"/> C-Corporation (1120) <input type="checkbox"/> Partnership (1065)</p> <p><input type="checkbox"/> S-Corporation (1120S) <input type="checkbox"/> Sole Proprietor (Schedule C)</p> <p><input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust (1041)</p> <p>Communities in our Collection Group in which you are or will be conducting business</p> <p><input type="checkbox"/> Columbus (01) <input type="checkbox"/> Marble Cliff (13)</p> <p><input type="checkbox"/> Groveport (09) <input type="checkbox"/> Brice (14)</p> <p><input type="checkbox"/> Obetz (10) <input type="checkbox"/> Harrisburg (16)</p> <p><input type="checkbox"/> Canal Win. (11) <input type="checkbox"/> None</p> <p>Date Business started in our area _____ Date of 1st Payroll for Columbus Collection Group _____</p> <p>Approximate Monthly Payroll for Employees Working in our Collection Group _____</p> <p>Pay cycle (i.e. weekly, biweekly, monthly etc.) _____ Nature of Business (i.e. computer, consulting etc.) _____</p> |
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PART B CONTACT INFORMATION

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| 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 Contacts Title _____ | E-mail address _____ | Payroll Tax Phone No. _____ Payroll Tax Fax No. _____ |
| Name of Internal Business Tax Contact _____ | Business Tax Contacts Title _____ | E-Mail Address _____ | Business Tax Phone No. _____ Business Tax Fax No. _____ |

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 _____