

City of Columbus, Income Tax Division
Joint Economic Development District (JEDD)
Request for Municipal Income Tax Account

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 _____ Fiscal Year End (if applicable) _____

☐ Payroll Service

Name of Payroll Service or Employee Leasing Company (if any) _____ ☐ Leasing Co.

Business Type: (Must choose one)

- ☐ C-Corporation (1120) ☐ Domestic Help
☐ S-Corporation (1120S) ☐ Non-Profit
☐ Partnership (1065) ☐ Government Employer
☐ Trust (1041) ☐ Courtesy Employer
☐ LLC filing as Partnership ☐ Sole Proprietor (Schedule C)
☐ LLC filing as Corporation
☐ Single Member LLC (Disregarded Entity)
Please identify owner/member:

Name: _____ FID/SSN: _____

Business Type (Corporation, Partnership, or Individual): _____

Communities in the JEDD Collection Group in which you are or will be conducting business:

- ☐ North Pickaway County JEDD (20) ☐ Prairie Township JEDD (22)

Date Business started in the JEDD _____

Date of 1st payroll for JEDD Collection Group _____

Approximate Monthly Payroll for employees working in the JEDD Collection Group _____

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, Trustee, or Owner _____

Home Address of President, CEO, Tax Matters Partner, Trustee, or Owner _____

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

City _____ State _____ Zip Code _____

Name of Officer or Partner in charge of Payroll _____

Home Address of Officer or Partner in charge of Payroll _____

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 # _____ Payroll Tax Fax # _____

Name of Internal Business Tax Contact _____ Business Tax Contacts Title _____ E-Mail Address _____ Business Tax Phone # _____ Business Tax Fax # _____

PART C JOINT ECONOMIC DEVELOPMENT DISTRICT AREA ADDRESSES

List all JEDD 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 JEDD 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 _____