

City of Columbus, Income Tax Division Joint Economic Development District (JEDD)

Request for Municipal Income Tax Account

PART A GENERAL INFORMATION	
	Business Type: (Must choose one)
	C-Corporation (1120) Domestic Help
Taxpayer federal EIN/FID/SSN Reporting dgent's federal EIN	S-Corporation (1120S) Non-Profit
	Partnership (1065) Government Employer
Taxpayer's legal name	Trust (1041) Courtesy Employer
	LLC filing as Partnership Sole Proprietor (Schedule C)
Mailing address for business tax returns and correspondence	
	Single Member LLC (Disregarded Entity) <i>Please identify owner/member:</i>
	Name: FID/SSN:
City State Zip Code	Business type (corporation, partnership, or individual):
	Communities in the JEDD Collection Group in which you are or will be
Mailing address for payroll tax returns and correspondence	conducting business: North Pickaway Prairie Township Madison Township
	County JEDD (20) JEDD (22) JEDD (24)
City State Zip Code	
	Date business started in the Date of 1st payroll for JEDD Collection Group
Trade name/DBA Fiscal year end (if applicable)	
	Approximate monthly payroll for employees Pay cycle (weekly, biweekly, working in the JEDD Collection Group monthly etc.)
Name of payroll service or employee leasing company (if any)	Nature of business (i.e. computer, consulting, etc.)
PART B CONTACT INFORMATION	
Name of President, CEO, Tax Matters Partner, Trustee, or Owner Home A	ddress 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 A	ddress 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 contact's title E-mail address	Payroll tax phone # Payroll tax fax #
Name of internal business tax contact Business tax contact's title E-Mail address	Business tax phone # Business tax fax #
PART C JOINT ECONOMIC DEVELOPMENT	
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 of client locations in the initial enspioyees physically working a 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). Busites 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 who work at multiple customer sites in a week should list only their actual locations, a employees (for example: "Field employees working out of our JEDD office serve our Ohio and Indiana	
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