

Jefferson Township-Whitehall JEDD Income Tax Division Business Registration

TAX RATE: 2.5%

The information requested on this form is essential to the establishment of your account and will be used for official purposes only. Please complete and sign this Questionnaire and return within 15 days. If you have any questions, contact the Income Tax Division at (614) 237-9803.

General Information:

C-Corporation (1120)	LLC Filing as Partnership			Domestic Help
S- Corporation (1120S)	LLC filing as Corporation			Non-Profit
Partnership (1065)	Sole Proprietor (Schedule C)			Courtesy Employer
Trust (1041)	Please identi	LLC (Disregarded I fy owner/member:		
2. Taxpayer federal Identifi	cation Number (EIN/F	ID)		
FEDERAL ID NUMBER:				
SOCIAL SECURITY NUMBER	(Complete ONLY if a sole	proprietor):	-	-
3. Business Name (Taxpaye Name (as shown on your incom	ne tax return)			
Address:				Zip
Telephone #	Fa	ax #		
Date Business started in the JEDD: Date of 1st Payroll				
Nature of Business:		Number of En	mployees Work	ting in the JEDD:
Ending Day of Fiscal Year	If Other Than Calendar	Year:		
5. Please list all names, addre necessary)	esses, and telephone num	bers of Corporate	e officers and/o	r partners: (attach list if
Name	Address	SSN		Telephone Number
(a)				
(b)				
(c)				
6. Do you have a location w	ithin the Jefferson Tow	nship-Whitehall	JEDD:	☐ Yes ☐ No
***CONSTRUCTION COMPANIES				
have employees working. Consulting at client sites (indicate if address give				
a job site).				
et Address		City	<u>S</u>	tate Zip Code
et Address		City	C.	tate Zip Code

1.	Please check all appropriate box(es):				
	☐ Employees are working within the JEDD – Withholding rate is 2.5%				
	☐ Employees live in the JEDD and work in a non-taxing city – Withholding rate is 2.5%				
	Employees live in the limits of JEDD and work in another taxing city and you are going to courtesy withhold – full credit of actual tax withheld, limited to 2.5%				
	□ No Employees				
	☐ Have leased employees (complete below)				
	Payroll Service or Employee Leasing Company (if any) — Payroll Service — Leasing Co				
2.	Please indicate deposit frequency (if you are using a withholding service, please advise them to withhold):				
	□ Quarterly (under \$100.00/month) □ Monthly (over \$100.00/month) □ Semi Monthly (over \$1,000/month)				
	= Quarterly (under \$100.00/month) = Worthly (over \$100.00/month) = Senii Wonthly (over \$1,000/month)				
Mailin	g Information:				
1.	Send the Business net profit tax return to (not applicable for Courtesy ONLY Withholders):				
1.	Business Name:				
	Attention:				
	Address:				
	City/State/Zip:				
	City/State/Zip.				
2.	Send Employee withholding tax report form to:				
2.	Business Name:				
	Attention:				
	Address:				
	City/State/Zip:				
	THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT:				
Signatur	e: Date:				
Title:					
i ilie:					
Compan	y:				

Employee Information:

Thank you for your cooperation, please do not hesitate to call if we can assist you in any way. **REMIT TO:**

Jefferson Township-Whitehall JEDD 360 South Yearling Road, Whitehall, OH 43213 (614) 237-9803 or Fax (614) 237-7902