

JEDD BUSINESS REGISTRATION

JOINT ECONOMIC DEVELOPMENT DISTRICTS

1 Cascade Plaza - Suite 100

Akron, OH 44308-1161

(330) 375-2539 - Profit/Loss incometax@akronohio.gov - Profit/Loss

(330) 375-2497 - Withholding onlinetax@akronohio.gov - Withholding

(330) 375-2456 - Fax

TAX OFFICE USE ONLY

Account# _____

Account# _____

Auditor _____

Date Issued _____

The following information is necessary for our records. PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE WITHIN TEN (10) DAYS.

FED ID # _____

FEDERAL BUSINESS ACTIVITY CODE _____

NATURE OF BUSINESS _____

TELEPHONE # _____

JEDD TELEPHONE # _____

BUSINESS NAME _____

BATH-AKRON-FAIRLAWN JEDD

COPLEY-AKRON JEDD

COVENTRY-AKRON JEDD

SPRINGFIELD-AKRON JEDD

TRADE NAME (if any) _____

BUSINESS ADDRESS _____

(Mailing address for tax purposes)

JEDD ADDRESS _____

BEGINNING DATE OF JEDD ACTIVITY _____

IS JEDD THE HOME OFFICE? _____ BRANCH OFFICE? _____

If no JEDD address, are any net profits attributable to the JEDD? YES _____ NO _____

WHO IS YOUR PAYROLL PROVIDER? _____

TYPE OF ORGANIZATION : Sole Proprietorship _____ S Corp _____ C Corp _____ Partnership _____ 501c3 _____

If you're an LLC please select one of the following from above.

OWNERS NAME ADDRESS SOC SEC NUMBER

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NUMBER OF EMPLOYEES WORKING IN JEDD _____ DATE FIRST EMPLOYEE WAS HIRED _____

ACCOUNTING PERIOD USED: CALENDAR YEAR _____ FISCAL YEAR _____ (Fiscal Year Ending _____)

Do you own rental property in the JEDD? YES _____ NO _____ (If yes, what is the total annual gross income? _____)

Address _____ Date Purchased _____

Address _____ Date Purchased _____

Do you operate more than one place of business in the JEDD? YES _____ NO _____

Address _____ Trade Name _____

Address _____ Trade Name _____

IF CURRENT BUSINESS IS THE SUCCESSOR TO A PRE-EXISTING BUSINESS, PLEASE COMPLETE THE FOLLOWING:

Name/s of previous owner/s and trade name, if any _____

Mailing Address _____

Former Business Type : Sole Proprietorship _____ S Corp _____ C Corp _____ Partnership _____ LLC _____

Under penalties of perjury, I certify that all information and statements herein are true and correct.

Print Name & Title _____

Signature _____ Date _____