

JEDZ INCOME TAX BUSINESS REGISTRATION

CITY HALL - 1ST FLOOR - 40 WEST MAIN STREET
P.O. BOX 327 NEWARK, OHIO 43058-0327
TELEPHONE: 740/670-7580, FAX: 740/349-6746
OFFICE HOURS - 8:00 AM - 4:30 PM, MON-FRI
TAX RATE: 1.75%
WEBSITE: www.ci.newark.oh.us

CITY ID: _____ / NAME: _____

THIS FORM IS REQUIRED TO REGISTER SOLE PROPRIETORS, PARTNERSHIPS AND CORPORATIONS DOING BUSINESS IN THE ETNA-NEWARK JOINT ECONOMIC DEVELOPMENT ZONE (JEDZ).
PLEASE COMPLETE, SIGN AND RETURN THIS FORM WITHIN 15 DAYS

1. Registered Trade Name of Business or DBA: _____

Local Address: _____ Local Telephone No: _____
Street PO Box City Zip Local Fax: _____

2. Is the above address the main or branch office? _____ If branch, give name, address and telephone/fax no. of main office:
Name _____ Telephone No: ____/____ Fax: ____/____
Address _____ City _____ State _____ Zip _____

3. Date Business activity began or was acquired in the JEDZ: _____ Date ceased: _____

4. Type of Ownership (check one):

____ Sole Proprietorship. Name of Owner: _____
Residence Address: _____

Social Security Number: _____ Telephone: ____/____
Federal EIN: _____ Fax: ____/____

____ Legal Partnership. Name of Partnership: _____
Federal EIN: _____ Date Partnership formed: _____

____ Corporation. Name of Corporation: _____

____ Sub-Chapter S Election Federal EIN: _____ Date Incorporated: _____

____ Limited Liability Company. Federal EIN: _____ Date LLC formed: _____
For LLC status, please circle which federal form will be filed: Schedule C (1040) - 1065 - 1120 -Other _____

____ Non-Profit Corporation. Federal EIN: _____ Date Incorporated: _____

____ Per ORC 5725 A Financial Institution, Dealer in Intangibles and all income is subject to Ohio Intangible Tax

Please attach a list of all officers, partners, or members to include Title held, Name, Address, Social Security Number and Telephone Number of each.

5. Do you employ anyone working in the JEDZ? _____ (presently or previously)
Date Employees started working in the JEDZ: _____ Work location in JEDZ _____
Are your employees leased or paid under a different FEIN? ____ YES ____ NO If Yes, Provide Name of Employer _____
FEIN: _____ Phone: ____/____ Address: _____
Anticipated Monthly withholding taxes due to the JEDZ: \$ _____ ** Do you use a Payroll Service? _____
If yes, Name of Service _____ Contact Person _____ Telephone ____/____

NOTE: If you do not currently employ anyone working in the JEDZ, be advised if you do at some time in the future have employees working in the JEDZ, you must notify this Office to establish a withholding account and receive the necessary withholding returns.

**JEDZ withholding tax of \$100.00 or more per month must be paid monthly. Semi-monthly remittance is required if the withheld tax exceeds \$1000.00 per month. Please advise your payroll service of the correct frequency.

- 6. Nature of business conducted: _____
- 7. Accounting period used for Federal Income Tax purposes: Calendar Year-end ___ Fiscal Year-end ___ Provide Year-end: _____
- 8. Who prepares your Tax Returns? Name or Firm: _____
 Address: _____
 Telephone No: _____ / _____ Fax: _____ / _____
- 9. Name and address of previous business owner (if applicable): _____
- 10. Do you pay independent or sub-contractors for services performed inside the JEDZ? _____
 Do you pay commissions for sales or services performed inside the JEDZ? (Not included on W-2) _____

NOTE: If the answer is yes to either question on Line 10, you must attach a listing to include Name, Address and Social Security No. of those persons AND at year-end provide a copy of Forms 1099-MISC that you issued to them. We will accept a listing of same if the IRS did not require a 1099. There is no minimum amount to report to the JEDZ.

- 11. If you are a contractor or sub-contractor working on a project in the JEDZ, give the name of the General Contractor, Project(s) address and estimated start and completion date of each:

ESTIMATED START DATE: _____ ESTIMATED COMPLETION DATE: _____

- 13. Do you operate any other businesses? _____ If yes, list any located within the JEDZ: _____

- 14. If place of business is outside of JEDZ, do you have any earnings resulting from activity within the JEDZ? _____

- 15. With reference to real estate property (land and buildings) located within the JEDZ, do you occupy real property that you rent from others? _____ If yes, to whom is rent paid?

Name (Owner or Agent): _____
 Address: _____
 City, State Zip: _____

- 16. Do you own rental property in the JEDZ? _____ If yes, provide the property address.

(attach separate sheet if additional space is needed)

PLEASE PROVIDE ACCURATE MAILING ADDRESSES WHERE JEDZ TAX FORMS SHOULD BE MAILED

BUSINESS NET PROFIT FORMS:	
NAME:	_____
ATTN:	_____
ADRS:	_____
CITY:	_____
STATE:	_____ ZIP: _____

EMPLOYEE WITHHOLDING TAX FORMS:	
NAME:	_____
ATTN:	_____
ADRS:	_____
CITY:	_____
STATE:	_____ ZIP: _____

THE INFORMATION PROVIDED ON THIS QUESTIONNAIRE IS CONFIDENTIAL AND WILL BE USED FOR OFFICIAL CITY INCOME TAX PURPOSES ONLY.

PRINT OR TYPE THE NAME OF PERSON SIGNING THIS FORM: _____
 TITLE OF SAME: _____ TELEPHONE NO: _____ / _____
 DATE: _____ SIGNATURE: _____