

# JOINT ECONOMIC DEVELOPMENT DISTRICT/ZONE (JEDZ) REGISTRATION

Type of Organization (Please check one)

- Corporation/S-Corp       Partnership       Sole Proprietor       Trust       Non-Profit
- LLC – Partnership       LLC- Corporate       LLC – Single Member

## Part A General Information

1. Taxpayer's Federal EIN/FID/SSN

\_\_\_\_\_

2. Reporting Agent's Federal EIN

\_\_\_\_\_

3. Taxpayer's Legal Name

\_\_\_\_\_

4. Mailing Address for Business Tax Returns & Correspondence

\_\_\_\_\_  
\_\_\_\_\_

5. Mailing Address for Payroll Tax Returns & Correspondence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Trade Name

\_\_\_\_\_

7. Fiscal Year End (if applicable)

\_\_\_\_\_

8. Name of Payroll Service or Employee Leasing Company (if any)

Payroll Service

Leasing Co.

9. JEDZ in the Westerville area in which you are or will be conducting business:

Blendon Township JEDZ     

    

10. Date Business Started in Westerville Area: \_\_\_\_\_

11. Date of 1st Payroll for above JED(Z): \_\_\_\_\_

12. Approximate Monthly Payroll for Employees Working in our JED(Z) : \_\_\_\_\_

\_\_\_\_\_

13. Pay Cycle (i.e. weekly, bi-weekly, monthly, etc.) \_\_\_\_\_

14. Nature of Business(i.e. IT Consulting) \_\_\_\_\_

**Part B Contact Information**

1. Name, Address and Social Security Number of President, CEO, Tax Matters partner or Trustee

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of Internal Payroll Tax Contact

\_\_\_\_\_

3. Payroll Tax Phone and Fax Numbers

\_\_\_\_\_

4. Name of Internal Business Tax Contact

\_\_\_\_\_

5. Business Tax Phone and Fax Numbers

\_\_\_\_\_

**Part C Westerville Area Addresses**

List all Westerville 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. Businesses with significant number of employees who work at multiple customer sites in a week should list only their actual locations, and indicate the geographic area served by their field employees. Attach a separate sheet if more space is needed.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Part D SIGNATURE**

Signature of Person Completing Form

Date