

**SPRINGFIELD BECKLEY MUNICIPAL AIRPARK
JOINT ECONOMIC DEVELOPMENT DISTRICT (JEDD)**

C/O CITY OF SPRINGFIELD
Division of Taxation
P. O. Box 5200
Springfield, Ohio 45501
Phone: (937) 324-7357 - Fax: (937) 328-3471

BUSINESS - INCOME TAX QUESTIONNAIRE

The following information is required to properly establish your JEDD income tax account.
Please answer all questions fully and return this form to the address above.

JEDD income tax rate is 1%

(PLEASE TYPE OR PRINT)

- =====
1. Type of Organization (Please check one): Partnership _____ Corporation _____ S-Corporation _____
Sole Proprietor _____ Nonprofit Organization _____ Other (Explain): _____
 2. Business Name _____ Federal ID No. _____
 3. Type of Business or Trade _____
 4. Local Address Where Work Performed _____
 5. Mailing Address _____ Telephone (____) _____
 6. Email Address _____ FAX (____) _____
 7. Full Name of Owner(s) _____ Social Security No. _____
 8. Home Address _____ Telephone (____) _____
 9. Date activity started in the Springfield JEDD, ____/____/____
Accounting Period: Calendar Year _____ or Fiscal Year Ending ____/____/____
 10. Do you own rental properties within the JEDD? Yes _____ No _____ If yes, please list property addresses and date acquired (on back or separate attachment).
 11. Do you have employees working in the Springfield JEDD? No _____ Yes _____ If yes, what date did your employee(s) start working in the JEDD? ____/____/____
 12. Are you also withholding Springfield tax as a courtesy to employees who reside in the City of Springfield?
No _____ Yes _____ If yes, what date did you first start withholding City of Springfield tax? ____/____/____
 13. Are you a Monthly or Quarterly withholder? M _____ Q _____. If your withholding remittance is more than \$1,000.00 per quarter, you must remit withholding tax on a monthly basis.
 14. Do you utilize a payroll company? No ____ Yes _____. If yes, payroll company name _____
 15. Do you use Subcontractors? No ____ Yes _____. If you are using Subcontractors, for any portion of your business, please indicate the name, address, and Federal ID number(s)/Social Security Number(s) of the company(ies) or individual(s) who contracted with you for work performed in the Springfield JEDD. (on back or separate attachment).
 16. If this is a change of ownership, give name, address, and telephone number of former owner:
_____ Date of change ____/____/____

Print Name: _____ **Title:** _____

Signature: _____ **Date:** ____/____/____