

For Office Use Only AC# Date:
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City of Toledo
Division of Taxation & Treasury
 One Government Center, Suite 2070. Toledo, OH 43604-2280. Office (419) 245-1662. FAX (419) 936-2318
TOLEDO EXPRESS AIRPORT JEDD INCOME TAX QUESTIONNAIRE

Business Type:

Sole Proprietorship (Schedule C filer)
 Partnership (Form 1065)
 Corporation (Form 1120/1120S)
 Association

Single Member LLC
 Voluntary Withholder (no Toledo operation)

_____ **FEDERAL TAX ID NO.**

_____ **SOCIAL SECURITY NO. OF OWNER/ CORPORATE OFFICER**

Business Name _____ Owner or Corporate Officer's Name _____

Business Address _____ Owner's/Corporate Officer's Home Address _____

Business City, State, Zip _____ Owner's/Corporate Officer's City, State, Zip _____

Business Phone _____ Owner's Phone No. _____ Alternate Phone No./Cell Phone _____

Business Fax _____ Email Address _____

JEDD Business Name _____ Partner's Name (Tax Matters Partner) **ATTACH LISTING OF NAMES, ADDRESSES, AND SOCIAL SEC. NO. OF ALL PARTNERS)**

JEDD Address, if different _____ Partner's Home Address (Tax Matters Partner) _____

Mailing Address (if different) _____ Partner's City, State, Zip (Tax Matters Partner) _____

Starting Date of JEDD Activities _____ Partner's Phone No. (Tax Matters Partner) _____

- Are there now or will there be employees subject to JEDD Income Tax? Yes _____ No _____
 Will you be filing monthly (withholding > \$1,000/month)? Yes _____ No _____ Payroll starting Date _____
- Accounting Period: Calendar Year? _____ or Identify Fiscal Year Ending _____
- Nature of Business _____
- Is local address the home office or a branch? _____
- If your address is not in the JEDD, do you conduct business within JEDD limits? Yes _____ No _____
- If you operate more than one place of business, give business name and location(s): _____

IF BUSINESS WAS OUTGROWTH OF ANOTHER, COMPLETE THE FOLLOWING

- Name of former Owner(s) _____
- Business Name _____
- Mailing Address _____
- Type of Organization: Sole Proprietorship _____ Partnership _____ Corp. _____ Association _____
- Nature of Change: Sale _____ Discontinuance _____ Change in Ownership _____ Other _____
- Accounting Period: Calendar Year _____ Fiscal Year Ending _____

Signature _____ Title _____

Printed Name _____ Date _____