

# JEDD BUSINESS QUESTIONNAIRE

JOINT ECONOMIC DEVELOPMENT DISTRICTS

1 Cascade Plaza - Suite 100

Akron, OH 44308-1161

(330) 375-2539 - Profit/Loss

(330) 375-2497 - Withholding

(330) 375-2456 - Fax

## TAX OFFICE USE ONLY

AA Account# \_\_\_\_\_

Account# \_\_\_\_\_

Auditor \_\_\_\_\_

Date Issued \_\_\_\_\_

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

BATH-AKRON-FAIRLAWN JEDD   
COPLEY-AKRON JEDD   
COVENTRY-AKRON JEDD   
SPRINGFIELD-AKRON JEDD

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
(Mailing address for tax purposes)

BEGINNING DATE OF JEDD ACTIVITY \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

JEDD ADDRESS \_\_\_\_\_

JEDD TELEPHONE # \_\_\_\_\_ IS JEDD THE HOME OFFICE? \_\_\_\_\_ BRANCH OFFICE? \_\_\_\_\_

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

TRADE NAME (if any) \_\_\_\_\_ FED ID # \_\_\_\_\_

FEDERAL BUSINESS ACTIVITY CODE \_\_\_\_\_ NATURE OF BUSINESS \_\_\_\_\_

TYPE OF ORGANIZATION : Sole Proprietorship \_\_\_\_\_ S Corp \_\_\_\_\_ C Corp \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_

OWNERS NAME ADDRESS SOC SEC NUMBER

OWNERS NAME ADDRESS SOC SEC NUMBER

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 \_\_\_\_\_