

**WEST CHESTER JEDD I - BUSINESS REGISTRATION**  
 (For work performed at 6380 and 6440 Aviation Way, West Chester, Ohio)

**REASON FOR REGISTRATION**

- WE ARE DOING BUSINESS AT 6380 OR 6440 AVIATION WAY
- WORKPLACE WITHHOLDING
- NET PROFIT ACCOUNT

# of Employees Working in JEDD1 \_\_\_\_\_ Start Date: \_\_\_\_\_

**Please note that the WC JEDD I does not have any residents living in the WC JEDD I. Therefore, there are no courtesy withholdings.**

**TYPE OF BUSINESS**

- Corporation  Non-Profit
- S-Corp  Estate/Trust
- LLC  Sole proprietor/LLC
- Partnership

Fiscal Year End: \_\_\_\_\_

Type of Product/Service: \_\_\_\_\_

**COMPANY INFORMATION - Include physical address of work performed. (Enter either 6380 or 6440 Aviation Way.)**

Name: \_\_\_\_\_

D/B/A: \_\_\_\_\_

WC JEDD I Location: \_\_\_\_\_

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

Mailing Address: (for tax forms, if different from above.)

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

Contact Person \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Federal ID #: \_\_\_\_\_  
 (FID used for submitting withholdings)

Federal ID #: \_\_\_\_\_  
 (FID used for reporting net profit/loss)

SSN: \_\_\_\_\_  
 (Required if sole proprietor)

**\* Please note that your Federal ID will serve as your WC JEDD I account number for withholding and net profit accounts.**

Quarterly Withholding

Monthly Withholding (over \$200/mo.)

Semi-Monthly Withholding

Payroll Company: \_\_\_\_\_

**ADDITIONAL INFORMATION (Required.)**

Yes  No **This company replaces a company previously registered:** \_\_\_\_\_  
 (Name)

FID (Net Profit): \_\_\_\_\_ FID (Withholding): \_\_\_\_\_

Yes  No **This company is a small employer.** (under \$500,000 in gross revenue during previous year.)

Yes  No **This company is a contractor.** (Attach list of subcontractors.) Contract Amount: \$ \_\_\_\_\_

Yes  No **This company leases employees.** (Name of leasing company): \_\_\_\_\_

**Name/Address of Corporate Officers** (Attach list.): \_\_\_\_\_

If your payroll provider requires verification of your Fairfield account number, fax them a copy of this form to verify Fairfield uses your FID as our account number.

\_\_\_\_\_  
 (Print Name) (Title)

\_\_\_\_\_  
 (Phone Number) (E-Mail)

\_\_\_\_\_  
 (Signature)

I hereby verify that the above information is true and correct.