

PART A GENERAL INFORMATION

Taxpayer Federal EIN/FID/SSN _____ Reporting Agent's Federal EIN _____

Taxpayer's Legal Name _____

Mailing Address for Business Tax Returns and Correspondence _____

City _____ State _____ Zip Code _____

Mailing Address for Payroll Tax Returns and Correspondence _____

City _____ State _____ Zip Code _____

Trade Name _____ Fiscal Year End (if applicable) _____

Payroll Service

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

Business Type

C-Corporation (1120) Partnership (1065)

S-Corporation (1120S) Sole Proprietor (Schedule C)

Non-Profit Trust (1041)

Communities in our Collection Group in which you are or will be conducting business

Columbus (01) Marble Cliff (13)

Groveport (09) Brice (14)

Obetz (10) Harrisburg (16)

Canal Win. (11) None

Date Business started in our area _____ Date of 1st Payroll for Columbus Collection Group _____

Approximate Monthly Payroll for Employees Working in our Collection Group _____

Pay cycle (i.e. weekly, biweekly, monthly etc.) _____ Nature of Business (i.e. computer, consulting etc.) _____

PART B CONTACT INFORMATION

Name of President, CEO, Tax Matters, Partner or Trustee _____ Home Address of President, CEO, Tax Matters, Partner or Trustee _____

SSN of President, CEO, Tax Matters Partner, or Trustee _____ City _____ State _____ Zip Code _____

Name of Officer or Partner in Charge of Payroll _____ Home Address of President, CEO, Tax Matters, Partner or Trustee _____

SSN of Officer or Partner in Charge of Payroll _____ City _____ State _____ Zip Code _____

Name of Internal Payroll Tax Contact _____ Payroll Tax Contacts Title _____ Payroll Tax Phone No. _____ Payroll Tax Fax No. _____

Name of Internal Business Tax Contact _____ Business Tax Contacts Title _____ Business Tax Phone No. _____ Business Tax Fax No. _____

PART C GREATER COLUMBUS METROPOLITAN AREA ADDRESSES

List all Columbus 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 (indicate if address given is a job site). Businesses with a significant number of field employees who work at multiple customer sites in a week should list only their actual locations, and in one of the boxes below indicate the geographic area served by their field employees (for example: "Field employees working out of our Columbus office serve our Ohio and Indiana customers"). Attach a separate sheet if more space is needed.

Street Address _____ City _____ State _____ Zip Code _____

Street Address _____ City _____ State _____ Zip Code _____

PART D SPECIAL INSTRUCTIONS FOR PARTNERSHIP AND S-CORPORATIONS

Attach a separate sheet showing the name, SSN/FID and address of each partner or shareholder. ***Identify owner/member's name, address, and FID No. (SSN if an individual). If the owner is a corporation, include an officer and SSN. If a partnership, include the tax matters partner with SSN.**

PART E SIGNATURE OF PERSON COMPLETING FORM

Signature _____ Date _____