Income Tax Department
3814 Harrison Ave
Cincinnati, OH 45211
Phone: (513) 661-7854
Fax: (513) 661-0702
https://cheviot.org/tax-office/

JEDD APPLICATION FOR BUSINESS/WITHHOLDING ACCOUNT NUMBER

ACCOUNT NUMBER ASSIGNED _____

WHO SHOULD WE REPORT THIS TO: _____ _____
NAME **EMAIL ADDRESS**

WHICH *JEDD* IS THIS ACCOUNT FOR:

☐ **WESTERN RIDGE – JEDD I**
- **A) GOOD SAM HOSPITAL**
- **B) MEDICAL BUILDING**

☐ **CHRIST HOSPITAL/CHILDREN'S HOSPITAL – JEDD II**

☐ **MERCY WEST HOSPITAL – JEDD III**

☐ **HARRISON GREENE – JEDD IV**
- **A) GRAETER'S**
- **B) CHRIST HOSPITAL**
- **C) DEWEY'S PIZZA**
- **D) ORANGE THEORY**
- **E) FIRST WATCH**

☐ **UDF – JEDD V**

☐ **McALISTER'S – JEDD VI**

☐ **HAMPTON INN – JEDD VII**

☐ **LIBERTY NURSING CARE (COLERAIN) – JEDD VIII**

WHAT SERVICE IS THIS EMPLOYEE PROVIDING TO THE SELECTED LOCATION? _____

A. **WORKS FOR THE TITLED JEDD COMPANY (ie: EE works for McAlister's)**
B. **WORKS FOR AN OUTSIDE COMPANY (ie: Contractor, Maintenance, Groundskeeping, Plumber…)**
C. **OTHER:** _____

CHEVIOT
BIG CITY SPIRIT
small town charm

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FEDERAL ID # _____ NUMBER OF EMPLOYEES _____

BUSINESS NAME _____ DATE TAXABLE INCOME BEGAN _____

ADDRESS _____ FISCAL YEAR ENDING DATE _____

CITY/STATE/ZIP _____ PHONE NUMBER _____

BUSINESS ENTITY TYPE: ☐ CORPORATION ☐PARTNERSHIP ☐ PROPRIETORSHIP

NATURE OF BUSINESS: _____

NAME AND TITLE OF PERSON RESONSIBLE FOR TAX AFFAIRS: _____

PHONE: _____ EMAIL: _____

MAILING ADDRSS FOR TAX INFORMATION (if different than physical address):

_____

NAME AND ADDRESS OF FORMER OWNER (if representing a change in ownership):

_____

SIGN: _____ DATE: _____

**PLEASE ENSURE THAT THIS IS FOR ALL EMPLOYEES WHO LIVE AND/OR WORK IN THE CITY OF CHEVIOT.*