

City of Maumee-MMT JEDZ - Division of Taxation

Return form to: 400 Conant St., Maumee, OH 43537 or Fax to: (419) 897-8924

MMT JEDZ Business and Professional Questionnaire

For the purpose of our records, with regard to Maumee-MMT JEDZ Income Tax (1-1/2% withholding tax on employee wages and net profits), please complete and return this form promptly. Thank you.

1. Trade Name: _____ Fed ID# _____
(Required)
 2. Maumee Address: _____ Do you own this property? _____
If renting, give name and address of owner: _____
 3. Is local address home office or branch? _____ Parent Co. Name: _____
 4. Address where forms should be sent for withholding and net profits attributable to Maumee-MMTJEDZ:

PH. NO. () _____ Email _____
 5. Starting date of Maumee MMT JEDZ activities: _____
 6. What is the location of your current activity? _____
 7. Type of organization: Individual Proprietor _____ Corporation _____ Partnership _____ LLC _____
Other (please explain) _____
 8. Accounting Period: Calendar Year _____ or Fiscal Year Ending _____
 9. Are there now or will there be employees subject to Maumee MMTJEDZ Income Tax? Yes / No
Approximate # of employees _____. Does your withholding amount to \$300.00 or more per month? Yes _____ (Monthly withholding is mandatory) No _____ (Quarterly is sufficient).
 10. If using a payroll company list name _____
 11. Name of Officer (Corp) or Owner (Sole Prop) _____
(Required)
Officer/Owner SS# _____
(Required)
 12. Nature of business: _____
 13. Attach list of subcontractor names, address and type of work (By Ordinance – Form 1099 Required)
- IF BUSINESS WAS OUTGROWTH OF ANOTHER, FILL IN THE FOLLOWING:
14. Name of former owner(s): _____
 15. Trade name: _____
 16. Nature of change: Sale _____ Discontinuance _____ Change in organization _____
Other _____ (please explain) _____
 17. If you are withholding Maumee income tax as a convenience for employees who do not work in, but reside in Maumee, please check here _____

Date: _____ Signature: _____ Title: _____