## 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:	(Required)Do you own this property?
	Parent Co. Name:
4. Address where forms should be sent for withhold	ing and net profits attributable to Maumee-MMTJEDZ:
PH. NO <u>. (</u> )	Email
5. Starting date of Maumee MMT JEDZ activities: _	
6. What is the location of your current activity?	
7. Type of organization: Individual Proprietor/Single Other (please explain)	Member LLC Corporation Partnership
8. Accounting Period: Calendar Year	or Fiscal Year Ending
Monthly (\$300 to \$3,000 per month)	to Maumee MMTJEDZ Income Tax? Yes / No ttance Schedule: Quarterly (\$300 or less per month) Semi-monthly (\$3,000 or more per month)
	(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	
Other (please explain)	
17. If you are withholding Maumee income tax as a Maumee, please check here	convenience for employees who do not work in, but reside in
Date: Signature:	Title:
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