



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: _____



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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 RESPONSIBLE FOR TAX AFFAIRS: _____

PHONE: _____ EMAIL: _____

MAILING ADDRESS 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.