



Business-Employer Registration Form
Jenera Village Income Tax
Effective tax rate: 1.00%

1. Individual's or business' legal name _____

2. Trade name or doing business as _____

3. Mailing address _____
Street/PO Box City ST Zip

4. Jenera-area street address _____

If a contractor, project or job site name _____

5. Phone _____ Contact person _____

6. Soc. Sec. # _____ Fed. ID # _____-7
Please provide this number for any single-member LLC owned by an individual
Please provide this number if the income and expenses will be reported on a Schedule C
The Federal identification number under which W-2s will be reported
This number will be your employer withholding account number

7. Structure: Corporation _____ S Corporation _____ Partnership/LP/LLC/LLP _____ Non-profit _____
Sole Proprietor _____ Individual Single-member LLC _____ Government _____

8. If not a calendar year, the fiscal period is: _____

9. If applicable, what is the name, owner, and Federal ID number of the previous business? _____

10. If you answered question 9, what is the effective date of the change? ____/____/____

11. Will employees work in the Jenera village limits; or will you be withholding tax only from employees who live in Jenera, but do not work in Jenera?

Yes, employees will work in Jenera _____ or Employees live, but do not work in Jenera _____
No, employees will not work in Jenera _____ (Please list their names and SSNs on the back)

12. Date you will begin withholding ____/____/____ Date you will stop withholding ____/____/____ (if known)
Month Year Month Year

13. Approximately how much tax will you remit per year? \$_____ If \$2,400 or more, State law requires a monthly remittance.

14. If you use a payroll service provider, what is the provider's name? _____

15. If applicable, will your payroll service provider be remitting monthly or quarterly? Monthly _____ Quarterly _____

16. If your physical address in Jenera is a new facility, provide the name and address of the contractor. _____

17. If you are renting your Jenera facility, please provide the name and address of the property owner. _____

18. What is the nature of your business' activities? _____

19. What is your IRS-required six-digit NAICS Principal Business Activity Code Number? _____

On the back, please list the names, residence addresses, and social security numbers of the corporate officers, partners, members, or S corporation shareholders.

Signature of person who furnished this information

Date