

**RESIDENT BUSINESS OWNER - EXTENSION REQUEST FORM**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Extension Request Forms and copy of RITA Form 20 must be received by Springfield Township CIC, Inc by July 1, 2019. (No Exceptions)**

**Please answer the following questions:**

Number of years residing in Springfield Township \_\_\_\_\_  
Did you reside in Springfield Township for the entire year \_\_\_\_\_  
If no, how many months of the past year did you reside at this address in Springfield Township- \_\_\_\_\_

Name the Company which is Principally Owned (50% or more) by you \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
How long have you Principally Owned this Company \_\_\_\_\_  
Federal ID Number for this Company \_\_\_\_\_  
Amount of Personal Income Tax You Paid to the JEDZ/JEDD \_\_\_\_\_  
Amount of Net Business Profits Tax Paid to the JEDZ/JEDD \_\_\_\_\_  
Amount of Residential Incentive Grant You Are Requesting \_\_\_\_\_

**I understand and agree to the following terms and conditions:**

The grant application will not be processed unless the following required items are submitted: 1) A copy of a valid Driver's License or valid State ID. 2) Two additional items that show proof of residence. Acceptable items include, but are not limited to, utility bills, real estate tax duplicate, vehicle registration, or any other form that the Springfield Township CIC, Inc. deems appropriate. 3) Copies of the Township Resident Business Owner's Internal Revenue Service (IRS) Return, as applicable (IRS Forms 1120, 1120s 1065, Schedule K-1 and Page 1 of Form 1040 and Schedule C) and Regional Income Tax Agency (RITA) Return (Form 27) clearly showing that the Township Resident Business Owner owns the Business principally (50% or more) and the amount of net business profits tax paid by businesses located in the JEDZ or JEDD territories. 4.) Acceptable proof of payment as described in the application instructions. 5.) Taxpayer Social Security Number and/or Tax ID Number.

I understand and agree that the Springfield Township CIC, Inc. may use a variety of methods to determine proof of residency and business ownership. I understand that this may include accessing information held in restricted databases maintained by Lexis Nexis or other data clearing houses and I consent to such access.

I understand and agree that if I was not a resident of Springfield Township for the entire year that my grant amount will be prorated to the period of time I resided in the Township.

The processing of grant applications shall take no longer than 60 days after the extension deadline date of October 31, 2019. Grant checks will be mailed to the address on file. Direct deposit is not available.

I understand that the grant from the Springfield Township CIC, Inc. is NOT A TAX REFUND and that I will receive an IRS form 1099 from Springfield Township CIC, Inc. and therefore must provide my Social Security Number or Tax ID Number pursuant to IRS regulations. I acknowledge and agree that it is my responsibility to contact a tax professional if I have any questions or concerns about any additional tax implications as a result of the grant.

I understand that grant applications are subject to Ohio public records laws, including, but not limited to ORC Sections 149.43 and 1724.11. I acknowledge that I have received no legal or tax advice from the Springfield Township CIC, Inc. or any of its employees or agents.

I understand that the submission of false or fraudulent documents or providing false or fraudulent information on this application will be prosecuted to the fullest extent of the law.

**I understand that my extension request form must be received by the Springfield Township CIC by July 1, 2019 or my extension request will be rejected. (No Exceptions)**

**I understand, if my extension request is approved, that my grant application form must be received by the Springfield Township CIC by October 31, 2019 or my grant application will be rejected. (No Exceptions)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**