



January 29, 2025

Dear Valued Business Leader:

The city is looking forward to an exciting 2025! The Community Development Department recently announced its goal to increase outreach efforts, foster regular and meaningful communication, and provide a platform for impactful interactions within the business community. Please be on the lookout for invitations to opportunities to meet personally, in small groups, or at a citywide event.

The city of New Albany is required to file an annual report for the Community Reinvestment Area (**CRA**) with the Ohio Department of Development each year. This mandatory report measures company compliance with the terms outlined in the CRA agreement regarding employment levels, payroll, and project investments.

ALL FORMS ARE DUE BY END OF BUSINESS ON FRIDAY, FEBRUARY 28, 2025

Below is a brief explanation of the attached documents necessary to complete the 2025 CRA Annual Report:

- **2025 Community Reinvestment Area Company Report Form:** Please complete this form measuring the company's progress in achieving the job and payroll metrics outlined in the CRA agreement.
 - The finance department requires information regarding Employer Identification Numbers (**EIN**) associated with payroll withholding from staffing agencies or contractors.
 - Additionally, we are requesting contact information for key company officials to enhance communication between the city and the company.
- **Multi-Tenant Worksheet (if applicable):** This form is ***ONLY*** required if the building receiving a property tax abatement has more than one (1) tenant.

For your convenience, copies of the previous year's reports can be provided upon request. We appreciate your collaboration and the completion of the attached documents.

Thank you again for choosing to invest in New Albany.

Sincerely,

Ethan C. Barnhardt
Management Analyst
Finance Department
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Alex Klosterman
Economic Development Specialist I
Community Development Department
O: (614) 245-7216
E: aklosterman@newalbanyohio.org

NEW ALBANY

2025 COMMUNITY REINVESTMENT AREA COMPANY REPORT FORM

SECTION I: COMPANY INFORMATION

Names of Companies Subject to the Community Reinvestment Area (CRA) Agreement

Site Location Street Address

PO Box/Suite Number

City

State

Zip Code

Business Phone Number

Site Contact (if applicable)

SECTION II: CRA INFORMATION

DIRECTIONS: As of **December 31, 2024**, please answer the following questions:

Total Number of Permanent Full-Time Employees for 2024

Total Annual Payroll for 2024

Total Amount of Taxes Exempted for Tax Year 2024 Under CRA Agreements (If unsure, please see **SECTION V** below for additional guidance)

Lifetime Project Real Property Investment

Lifetime Project Personal Property Investment

DIRECTIONS: Please complete the following Community Participation Statement if it is a requirement of the company's CRA agreement:

Is the company a member of the New Albany Chamber of Commerce? YES NO

DIRECTIONS: Please briefly summarize how the company supported the New Albany community in 2024. Examples may include sponsoring a grant through the New Albany Community Foundation or organizing a company-wide food drive for the Healthy New Albany Food Pantry. If necessary, you may attach an additional page detailing community participation.

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2025 COMMUNITY REINVESTMENT AREA COMPANY REPORT FORM

SECTION III: PAYROLL INFORMATION

DIRECTIONS: Please provide information for the primary payroll contact person

Contact Full Name

Job Title

Phone Number

Email Address

DIRECTIONS: For each SSN or Federal Tax ID (EIN) relevant to your entity, complete all fields as of **December 31, 2024**

ENTITY ONE

Company Name			
Name (if applicable) & address, if different from Section I			
SSN/EIN		If your EIN changed in 2024, provide the prior EIN.	
2024 New Albany Payroll Amount		Filed under a staffing Company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2024 New Albany Withholding Amount		Do you occupy multiple locations in New Albany?	<input type="checkbox"/> YES <input type="checkbox"/> NO
# of Employees		Did you move locations during 2024?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ENTITY TWO

Company Name			
Name (if applicable) & address, if different from Section I			
SSN/EIN		If your EIN changed in 2024, provide the prior EIN.	
2024 New Albany Payroll Amount		Filed under a staffing Company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2024 New Albany Withholding Amount		Do you occupy multiple locations in New Albany?	<input type="checkbox"/> YES <input type="checkbox"/> NO
# of Employees		Did you move locations during 2024?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ENTITY THREE

Company Name			
Name (if applicable) & address, if different from Section I			
SSN/EIN		If your EIN changed in 2024, provide the prior EIN.	
2024 New Albany Payroll Amount		Filed under a staffing Company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2024 New Albany Withholding Amount		Do you occupy multiple locations in New Albany?	<input type="checkbox"/> YES <input type="checkbox"/> NO
# of Employees		Did you move locations during 2024?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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2025 COMMUNITY REINVESTMENT AREA COMPANY REPORT FORM

SECTION III: PAYROLL INFORMATION (continued)

ENTITY FOUR			
Company Name			
Name (if applicable) & address, if different from Section I			
SSN/EIN		If your EIN changed in 2024, provide the prior EIN.	
2024 New Albany Payroll Amount		Filed under a staffing Company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2024 New Albany Withholding Amount		Do you occupy multiple locations in New Albany?	<input type="checkbox"/> YES <input type="checkbox"/> NO
# of Employees		Did you move locations during 2024?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ENTITY FIVE			
Company Name			
Name (if applicable) & address, if different from Section I			
SSN/EIN		If your EIN changed in 2024, provide the prior EIN.	
2024 New Albany Payroll Amount		Filed under a staffing Company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2024 New Albany Withholding Amount		Do you occupy multiple locations in New Albany?	<input type="checkbox"/> YES <input type="checkbox"/> NO
# of Employees		Did you move locations during 2024?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PAYROLL INFORMATION ADDITIONAL INSTRUCTIONS

Company Name/SSN/EIN: Each table should contain information for one company/employer identification number (EIN). If you are completing this form for multiple entities, please use a separate table for each one.

- **A separate table must be completed for each address if your entity operates out of multiple locations.**

2024 New Albany Payroll: This field should include the total New Albany payroll for your entity during 2024 for the location you are referencing. Employee hire dates or payroll-specific clauses in your CRA agreement would not affect the total number.

- **If your entity occupied multiple locations in New Albany during 2024, your company's overall payroll needs to be captured on multiple tables and broken down to the amounts related to each location.**

2024 Withholding: Enter the total withholding tax amount remitted to the Regional Income Tax Authority (RITA) for the city of New Albany for calendar year 2024 wages for the location you are referencing. The amount should relate to the wages entered in the **2024 Payroll** box, regardless of the employee hire date or any withholding-specific language in your CRA agreement.

Number of Employees as of 12/31/24: Include the number of employees occupying the referenced location on 12/31/24. If this number is not representative of average operations during the year (perhaps due to seasonal hiring), please note it as such. The number should relate to the location included in the **2024 Payroll** and **2024 New Albany Withholding Taxes** fields.

Does your entity occupy multiple locations within New Albany? If "Yes," please ensure that each table only includes information for the particular location you are referencing. There is a need to know each location's payroll, withholdings, and number of employees separately. Entities that fall under multiple CRA agreements may need to report information on separate forms.

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2025 COMMUNITY REINVESTMENT AREA COMPANY REPORT FORM

SECTION IV: CONTACT INFORMATION

DIRECTIONS: Please complete this form so that the city of New Albany can update its records regarding who is best to contact for the categories below.

MARKETING AND COMMUNICATIONS COORDINATOR

Contact Full Name

Contact Title

Contact Phone Number

Contact Email Address

ADMINISTRATOR OF ACTIVE ECONOMIC DEVELOPMENT AGREEMENTS

Contact Full Name

Contact Title

Contact Phone Number

Contact Email Address

GOVERNMENT RELATIONS/COMMUNITY OUTREACH COORDINATOR

Contact Full Name

Contact Title

Contact Phone Number

Contact Email Address

PLANT OR OPERATIONS MANAGER

Contact Full Name

Contact Title

Contact Phone Number

Contact Email Address

HUMAN RESOURCES MANAGER

Contact Full Name

Contact Title

Contact Phone Number

Contact Email Address

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2025 COMMUNITY REINVESTMENT AREA COMPANY REPORT FORM

SECTION IV: CONTACT INFORMATION (continued)

FACILITIES OR SITE MANAGER/LEAD

Contact Full Name

Contact Title

Contact Phone Number

Contact Email Address

SECTION V: REPORTING ASSISTANCE AND QUESTIONS

GENERAL ASSISTANCE: If you have any questions or need assistance completing the forms, please contact:

Alex Klosterman
Economic Development Specialist I
Community Development Department
614.245.7216
aklosterman@newalbanyohio.org

Ethan Barnhardt
Management Analyst
Finance Department
614.939.2237
ebarnhardt@newalbanyohio.org

TAX EXEMPTION QUESTIONS: For assistance calculating the total amount of taxes exempted under agreements, please contact the appropriate auditor's office:

Franklin County Auditor
373 S. High St., 21st Floor
Columbus, OH 43215
614.525.4663

Licking County Auditor
20 S. 2nd St., 2nd Floor
Newark, OH 43055
740.670.5040

SECTION VI: ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I confirm that the information provided herein is true, complete, and accurate to the best of my knowledge. I acknowledge that the city of New Albany is submitting this form on behalf of the Community Reinvestment Area (CRA) benefits recipient.

I understand that accurate reporting is essential for compliance with all relevant laws and regulations. Failure to provide timely, accurate information may result in the State of Ohio deeming the property non-compliant.

Signature

Date

Title

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2025 COMMUNITY REINVESTMENT AREA MULTI-TENANT WORKSHEET

DIRECTIONS: Please complete the requested information on the following two pages for tenants occupying space at the property subject to an abatement.

MULTI-TENANT CONTACT INFORMATION

	Tenant Legal Entity Name	Tenant Contact Person Name	Tenant Contact Person Email	Tenant Contact Person Phone
Tenant One				
Tenant Two				
Tenant Three				
Tenant Four				
Tenant Five				
Tenant Six				
Tenant Seven				
Tenant Eight				
Tenant Nine				
Tenant Ten				

This form is ***ONLY*** required if the building receiving a property tax abatement has more than one (1) tenant.

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2025 COMMUNITY REINVESTMENT AREA MULTI-TENANT WORKSHEET

MULTI-TENANT PAYROLL & INVESTMENT INFORMATION

	Tenant Federal Tax ID Number (EIN)	Tenant(s) use this EIN for wages at other locations in New Albany?	If yes, what are the other addresses of the other location(s)?	Total permanent full-time employees as of 12/31/2024	Total annual Payroll as of 12/31/2024 applicable to location	Project Investment Level Achieved as of 12/31/2024	
						Real Property	Personal Property
Tenant One		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Tenant Two		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Tenant Three		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Tenant Four		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Tenant Five		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Tenant Six		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Tenant Seven		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Tenant Eight		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Tenant Nine		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Tenant Ten		<input type="checkbox"/> YES <input type="checkbox"/> NO					

This form is ***ONLY*** required if the building receiving a property tax abatement has more than one (1) tenant.