

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, May 14, 2019

Name: James Taylor

Organization (If Applicable): Alliance Data Systems

Position/title: Vice President, State & Local Tax

Address: 3100 Easton Square Place

City: Columbus State: OH Zip: 43219

Telephone: 740-975-2607

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 112
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- Opponent:
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes X No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require? 5 minutes

- *Committee Chair may limit testimony in the interest of time*