Form JR JEDD INCOME TAX BUSINESS RETURN

SUSINESS RETURN			
FOR TAX OFFICE USE ONLY	FEDERAL EIN		
Check Ithe appropriate box for: REFUND (If no amount shows on Line 12 Image: Check only one image: Check only one: EXTENSION ATTACHED Image: Check only one: Filing Status - check only one: Image: Check only one: Image: Check Construction Image: Check only one: Image: Check Construction Image: Check only one: Image: Check Construction Image: Check Construction Image: Check Construction Image: Check Construction	FISCAL FILERS Fiscal periodto FISCAL YEAR IS YEAR WHEN FISCAL TERM ENDS DATE MOVED IN OR OUT OF JEDD IN OUT DATE LOCATION OF JEDD ACTIVITY IF OTHER THAN ADDRESS SHOWN AT RIGHT:		DAYTIME PHONE NUMBER
Check The Proper JEDD ONLY ONE JEDD PER RETURN	 BATH – AKRON – FAIRLAWN COPLEY – AKRON 	COVENTRY – A	
 Amount allocable to the JEDD[7 from <u>Worksheet X</u>) – If the business %] (If 100%, enter Line 1. Otherwise, e vard from <u>Worksheet F</u> (figure cannot to the JEDD tax (subtract Line 3 from Line 4 (or for fiscal year-end filers, the blended or this tax year (do not include penalty Lines 6 & 7) from Line 5) PAYMENT IS REQUIRED V a proper JEDD and write your JEDD tax acco NCOME TAX / P.O. Box 80538 / AKRON,	enter total from <u>Worksheet Y</u> Line 6 exceed amount on Line 2). Line 2) I rate using 2.50% effective 1/1/18 & interest payments) VITH RETURN if greater than \$10.00. unt number on check	5). 2. 3. 4. 5. 6. 7. 8.
10. If Line 8 is greater than Line	ttance is required if the Balance due is \$10.00 or le 5, enter the difference here		
	ON RETURN ENVELOPE) Amounts of \$10.00 or les		. 12.
Website address : www.Ak JEDD phone number : 330-37			P 1 *
			**

ACCOUNT NUMBER

TAX YEAR

If you used the services of a tax preparer, the Income Tax Division may need to discuss your tax return, estimated payments and federal schedules with him or her.

CHECK 🗹 THE FOLLOWING BOX IF YOU WISH TO ALLOW US TO DISCUSS YOUR JEDD TAX RETURN WITH YOUR PREPARER.

Under penalties of perjury, the undersigned declares that this return (and accompanying schedules) is a true, correct and complete income tax return for the taxable period stated, and that the figures used are the same as used for Federal income tax purposes.

SIGNATURE OF OFFICER		DATE
PRINT NAME OF OFFICER		
PAID PREPARER - PRINT OR TYPE NAME	PHONE #	DATE
PREPARER SS# / FED ID # PREPARER ADDRESS		
Principal Business Activity Code:		_
PLEASE ENTER THE CODE REPORTED ON YOUR FEDERAL	TAX RETURN	_

WORKSHEET F LOSS CARRYFORWARD CALCULATION (Three year limit for losses used on 2017 return)						
(See Instructions)	3 YRS PRIOR	2 YRS PRIOR	1 yr Prior	TAX YR OF FILING	TOTAL	
Unused Loss Carryforward						
Loss Used THIS YEAR (Enter Total on Line 3 above)						

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	WORKSHEET X Reconciliation with Federal Income Tax Return Per Ohio Revised Code 718.							
1.	1. Total all income that you have reported on federal Schedule C – Line 31, Schedule C-EZ – Line 3, and Schedule E – Line 21						1	
2.	Enter reported federal taxable income, before net operating losses and special deductions, per attached Federal return (Form 1120, Line 28; Form 1120S, Schedule K, Line 18; Form 1120-REIT, Line 20; Form 1065, Schedule K - Analysis of Net Income (Loss), Page 5 - Line 1; Form 1041, Line 17; or Form 990 T, Line 30)					2		
3.	Add-backs to income - Iter	Add-backs to income - Items not deductible (from Line 8J below)						
4.	Deductions to income - Ite	ems not taxable (from Line 9E) below)		4		1	
5.	Subtract Line 4 from Line 3	and enter the result here (If the result is a negative number, plac	e it in bi	acke	ets)	5	
6.	Other JEDD taxable income	e that is not shown on Federa	al return				6	
7.			f result is greater than zero, enter on Li FILING" column (If allocating income, co				7	
			ITEMS NOT DEDUCTIBLE					
8	A Capital Losses (includin	na Section 1221 and 1231 asso	ets) - Enter as a positive number		8A			
0.	i v	•	,		8B			
	·	•	in the current year, See Instructions) mbers or other owners (only include pay	·····	8C			
			inders of other owners (only include pay	····· +			-	
			e taxes)	•••••	8D			
		1 7	and life insurance plans on behalf of ow n of C corporations		8E			
		•			8F			
			e Section 1245 and 1250 property		8G			
			egulated investment companies must add		8H		-	
			or the benefit of investorsand/or explanation)		81		1	
	•	*	e)	1	-		8J	
-			ITEMS NOT TAXABLE				00	
			ILMO NOT TAXABLE		<u> </u>			
9.	A. Capital gains (including	Section 1221 and 1231 assets)	····· +	9A		-	
	B. Intangible income (Intere	est, dividends, patents, etc.) .			9B			
	C. Other exempt income (a	ttach documentation and expla	nation)		9C			
	D. TOTAL DEDUCTIONS	(enter here and on Line 4 a	bove)				9D	
			If there is business activity bo	th insid	le ar	nd outside the JEDD I	use th	is 3-factor formula.
	WORKSHEET Y	Business	A. LOCATED EVERYWHERE			CATED IN JEDD		PERCENTAGE (B÷A)
		Allocation			200		0	
1.		nd tangible property d by 8		\$ \$			1	
Т				\$			•	%
2.	Total wages, salaries, commis	sions and other I employees	\$	\$			2	%
3.	Gross receipts from sales and	work or services					3	%
4	•		. \$	\$			4	%
4. Total of percentages 5. Average percentage (Divide total percentages by number of percentages used.)					5	%		
 6. Multiply Line 5 times Line 7 of Worksheet X, and enter the result here. If result is greater than zero, also enter the amount on Line 2 of Page 1. 					-	76		
						6		
	WORKSHEET W	Reconciling Wag	es, Salaries & Other Cor	npen	sa	tion (Complete if yo	ou hao	d JEDD employees)
1.	Total wages allocated to J	EDD (from Federal Return c	r Business Allocation, Worksheet Y al	bove, Li	ne 2	, Column B)		

2. Total JEDD wages shown on Form JW-3 (Withholding Reconciliation) JEDD Withholding Account # 2	
Explain any difference:	

Were there any employees that you leased, d	uring the year covered by this return? _	YES	NO	If YES	, how many?
NAME OF LEASING COMPANY	MAILING ADDRESS				FEDERAL EIN

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