Tax rate is $2.50 \%$ effective $1 / 1 / 2018$

| FEDERAL EIN |
| :---: |
| FISCAL FILERS |
| Fiscal period __ to |
| FISCAL YEAR IS YEAR WHEN FISCAL TERM ENDS |

DATE MOVED IN OR OUT OF JEDDINOUT
DATE $\qquad$

LOCATION OF JEDD ACTIVITY IF OTHER THAN ADDRESS SHOWN AT RIGHT:


Name \& Address: If incorrect or missing, please print or type the correct information in the space below.

| --- FOR TAX OFFICE USE ONLY --- |
| :---: |
| Check $\sqrt{ }$ the appropriate box for: REFUND (If no amount shows on Line 12 ...... this will not be considered a valid request.) $\square$ <br> EXTENSION ATTACHED $\qquad$ $\square$ |
| Filing Status - check only one: Self-employment (attach Schedule C) Rentals (attach Schedule E \& 4797 if used) C Corp (attach Form 1120 complete) S Corp (attach Form 1120S complete) Partnership (attach Form 1065 complete) Other $\qquad$ (attach federal return) |

Check The Proper JEDD<br>ONLY ONE JEDD PER RETURN

$\square$ BATH - AKRON - FAIRLAWN
$\square$ COPLEY - AKRON
COVENTRY - AKRON
$\square$ SPRINGFIELD - AKRON

1. Enter JEDD Net Profit (Line 7 from Worksheet X ) - If the business had a loss, enter zero.
2. Amount allocable to the JEDD[ $\qquad$ \%] (If $100 \%$, enter Line 1. Otherwise, enter total from Worksheet $Y$ Line 6).
3. Allowable Net Loss Carryforward from Worksheet F (Per ORC limitations. Attach Schedule).
4. Adjusted Net Income subject to the JEDD tax (subtract Line 3 from Line 2)
5. JEDD Income Tax $2.50 \%$ of Line 4 $\qquad$
6. Estimated payments made for this tax year (do not include penalty \& interest payments)
7. Amount of prior year credits $\qquad$
8. Total credits allowable (add Lines $6 \& 7$ )
9. Balance due (subtract Line 8 from Line 5)

PAYMENT IS REQUIRED WITH RETURN if greater than $\$ 10.00$.
Make check payable to the proper JEDD and write your JEDD tax account number on check Mail to JEDD INCOME TAX/P.O. Box 80538 / AKRON, OH 44308 No remittance is required if the Balance due is $\$ 10.00$ or less.
10. If Line 8 is greater than Line 5, enter the difference here. $\qquad$

| 1. |  |  |
| :---: | :--- | :--- |
| 2. |  |  |
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| 12. |  |  |
| $P$ |  |  |
| $\mathbf{I}$ |  |  |
| * |  |  |

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\#/FEDID \# PREPARER ADDRESS |  |  |
| Principal Business Activity Code: <br> PLEASE ENTER THE CODE REPORTED ON YOUR FEDER | RETURN |  |
| TAX PRACTITIONER AKRON ID \# |  |  |


| WORKSHEE |  | LOSS CARRYFORWARD CALCULATION <br> (Three year limit for losses used on 2020 return) |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| (See Instructions) | 3 YRS PRIOR <br> 50 \% Limit per ORC 718 | 2 YRS PRIOR <br> 50 \% Limit per ORC 718 | 1 YR PRIOR <br> 50 \% Limit per ORC 718 | $\begin{aligned} & \text { TAX YR } \\ & \text { OF } \\ & \text { FILING } \end{aligned}$ | TOTAL |
| Unused Loss Carryforward |  |  |  |  |  |
| Loss Used THIS YEAR, per ORC 718 Limitations (Enter Total on Line 3 above) and attach calculations. |  |  |  |  |  |

TAX PRACTITIONER AKRON ID \#



## worksheet w Reconciling Wages, Salaries \& Other Compensation (Complete if you had JEDD employees)

1. Total wages allocated to JEDD (from Federal Return or Business Allocation, Worksheet $Y$ above, Line 2, Column B)
2. Total JEDD wages shown on Form JW-3 (Withholding Reconciliation), line 3. JEDD Withholding Account \# 2-
$\square$ Explain any difference:

Were there any employees that you leased, during the year covered by this return? $\qquad$ YES $\qquad$ NO If YES, how many?

| NAME OF LEASING COMPANY | MAILING ADDRESS | FEDERAL EIN |
| :---: | :---: | :---: |
|  |  |  |

