## FORM JR JEDD INCOME TAX BUSINESS RETURN

TAX PRACTITIONER AKRON ID #

## Tax rate is 2.50% effective 1/1/2018

ACCOUNT NUMBER

TAX YEAR

BUSINESS RETURN							$\neg$		
FOR TAX OFFICE USE ONLY	FEDERAL EIN								
			DUE BY	,	DAY	DAYTIME PHONE NUMBER			
Check   ✓ the appropriate box for:	FISCAL FILERS								
REFUND (If no amount shows on Line 12 this will not be considered a valid request.)	Fiscal periodto	Na	ame & Ac	dress:	If inco	rrect or mis	ssing, please		
EXTENSION ATTACHED	FISCAL YEAR IS YEAR WHEN FISCAL TE						space below.		
Filing Status - check only one:	DATE MOVED IN OR OUT OF	JEDD							
☐ Self-employment (attach Schedule C)	☐ IN ☐ OUT DATE								
Rentals (attach Schedule E & 4797 if used)	LOCATION OF JEDD ACTIVITY IF O	THER							
☐ C Corp (attach Form 1120 complete) ☐ S Corp (attach Form 1120S complete)	THAN ADDRESS SHOWN AT RIGHT								
Partnership (attach Form 1065 complete)									
Other (attach federal return)									
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Check The Proper JEDD	☐ BATH – AKRON – FAIR	LAWN		/ENTRY –					
ONLY ONE JEDD PER RETURN	☐ COPLEY – AKRON		⊔ SPR	RINGFIELD	) – AKR	ON			
						1.			
1. Enter JEDD Net Profit (Line 7			•	er zero					
2. Amount allocable to the JEDD[ _	%] (If 100%, enter Line 1. 0	Otherwise, enter tota	nter total from Worksheet Y Line 6).						
3. Allowable Net Loss Carryforwa	ard from Worksheet F (Per OR	C limitations. Attach Sche	dule)			3.			
4. Adjusted Net Income subject t	o the JEDD tax (subtract Lir	ne 3 from Line 2	m Line 2) 4.						
5. JEDD Income Tax 2.50% of L	ine 4					5.			
6. Estimated payments made for	this tax year (do not include	e penalty & inter	est paym		6.				
7. Amount of prior year credits						7.			
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.						9.			
•	proper JEDD and write your JED				$\neg \vdash$				
	NCOME TAX / P.O. Box 80538 /		308						
10. If Line 8 is greater than Line 5	ance is required if the Balance due is				<b>-</b>	10.			
· ·									
			<del></del>						
12. REFUND (CHECK REFUND BOX ABOVE & C	JN RETURN ENVELOPE) AMOUNTS OF	510.00 or less will not	be retunded	, per State L	.aw.	_			
		info line :		75-2497	−I⊩	P			
JEDD phone number: 330-375	5-2539 EFT f	iling number :	330-37	5-2165		I			
						*			
If you used the services of a tax prepare with him or her.	er, the Income Tax Division may	need to discuss ye	our tax retu	ırn, estima	ted payr	nents and fe	deral schedules		
CHECK THE FOLLOWING BOX IF Y	OU WISH TO ALLOW US TO DIS	CUSS VOUR JEDT	TΔY RETI	IRN WITH	V∩LIR PI	REPARER			
Under penalties of perjury, the undersigned							return for the		
taxable period stated, and that the figures u				oorroot aric	a complet		. rotalii ioi tiio		
SIGNATURE OF OFFICER	DATE			1.088 CAI	PDVEOD	WARD CAL	CIII ATION		
PRINT NAME OF OFFICER		WORKSHEE	TF			osses used on 2020			
PAID DEFNADED DRINT OR TYPE NAME		(See Instructions)	3 YRS PRIOR	2 YRS PRIOR	1 YR PRIO	0.5	TOTAL		
PAID PREPARER - PRINT OR TYPE NAME	PHONE # DATE		50 % Limit per ORC 718	50 % Limit per ORC 718	50 % Limit po ORC 718	CI	IOIAL		
PREPARER SS#/FEDID# PREPARER ADDRESS		Unused Loss Carryforward							
Principal Business Activity Code:		Loss Used THIS YEAR, per ORC 718 Limitations							
PLEASE ENTER THE CODE REPORTED ON YOUR FEDERAL TAX	X RETURN	(Enter Total on Line 3 above) and attach calculations.							

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WORKSHEET X Reconciliation v	vith Federal Income Tax	Return Per Ohio R	evised Cod	de 718.	
Total all income that you have reported on federal Sche	1				
Enter reported federal taxable income, before net operations.					
(Form 1120, Line 28; Form 1120S, Schedule K, Page 4 Income (Loss), Page 5 - Line 1; Form 1041, Line 17; or	2				
Add-backs to income - Items not deductible (from Line	-				
Deductions to income - Items not taxable (from Line 9I)	<u> </u>				
Subtract Line 4 from Line 3 and enter the result here	<u> </u>		5		
6. Other JEDD taxable income that is not shown on Federal		<u>,                                      </u>			
	0				
7. Adjusted net income (Add Line 1 or 2, to Lines 5 & 6). I negative, enter in Worksheet F on Page 1, "TAX YR OF			v 7		
	ITEMS NOT DEDUCTIBLE	· · · · · · · · · · · · · · · · · · ·			
		ΩΔ			
8. A. Capital Losses (including Section 1221 and 1231 assets) - Enter as a positive number					
B. 5% of Line 9B (If Section 1221 asset was disposed of					
C. Guaranteed payments to partners, retired partners, members or other owners (only include payments not already included in net profits figure shown above)					
D. Taxes based on income (such as state and local incor	0D				
E. Except for a C Corporation, amounts paid or accrued to a	to or 8F				
accrued to or for health insurance, and paid to or accrued	 0E	_			
- Chantable Contributions in excess of 10%					
G. 4797 "Recovery of Depreciation" from sale or exchange (See instructions)		8G			
H. REIT's and RIC's – Real estate investment trusts and regulated investment companies must add					
back all dividends, distributions or amounts set aside for I. Other expenses not deductible (attach documentation					
J. TOTAL ADDITIONS (enter here and on Line 3 above	, ,		8J		
			00		
	ITEMS NOT TAXABLE				
9. A. Capital gains (including Section 1221 and 1231 assets	)	9A			
B. Intangible income (Interest, dividends, patents, etc.) .		9B			
C. Other exempt income (attach documentation and expla					
D. TOTAL DEDUCTIONS (enter here and on Line 4 a	9D				
	,				
WORKSHEET Y Business	If there is business activity bot	h inside and outside the JE	DD use this 3-fa		
Allocation	A. LOCATED EVERYWHERE	WHERE B. LOCATED IN JEDD		C. PERCENTAGE (B÷A)	
Average original cost of real and tangible property	\$	\$			
Gross annual rentals multiplied by 8	\$	\$	1		
Total of Step 1	\$	\$	<u> </u>	%	
Total wages, salaries, commissions and other     compensation paid to all employees	\$	\$	2 _	%	
Gross receipts from sales and work or services     performed	\$	\$	3	%	
4. Total of percentages				%	
Average percentage (Divide total percentages by number of percentages)	5	%			
6. Multiply Line 5 times Line 7 of Worksheet X, and enter the resu	1. 6				
If the result is a negative number, enter the negative on Workshe	et F, Page 1, in the "TAX YR OF FILING" colur	mn and enter zero on page 1, Line 2	2. 0		
WORKSHEET W Reconciling Wag	es, Salaries & Other Com	npensation (Complete	if you had JEDI	) employees)	
Total wages allocated to JEDD (from Federal Return of the fed	or Business Allocation, Worksheet Y ab	ove, Line 2, Column B)			
2. Total JEDD wages shown on Form JW-3 (Withholding R	econciliation), line 3. JEDD Withholding Acc	count # <b>4</b> -	_		
Explain any difference:					
Were there any employees that you leased, during the year	ar covered by this return?	YESNO If	YES, how many	?	
NAME OF LEASING COMPANY	MAILING ADDRESS		FEDI	ERAL EIN	