

EMPLOYER'S RETURN OF TAX WITHHELD

I hereby certify that the information and statements contained herein are true and correct.

Number of Taxable Employees _____

Total Employee Wages Subject to JEDD Income Tax \$

Signed: _____

Actual Tax Withheld \$ _____

Official Title: _____

Adjustments (Attach explanation) \$ _____

Date: _____

Penalty (See Below) \$ _____

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
BRIMFIELD-KENT JEDD**

Interest (See Below) \$ _____

Total (Due And Payable With Return) \$ _____

Due Dates:

**INTEREST OF 1% AND PENALTY OF 10%
PER MONTH OR PART THEREOF MUST
BE ASSESSED IF RETURN IS PAST DUE.**

QUARTERLY:

JAN-FEB-MAR APRIL 15
APR-MAY-JUN JULY 15
JULY-AUG-SEP OCT. 15
OCT-NOV-DEC JAN. 15

**IF NO WAGES PAID THIS PERIOD, PLEASE MARK
"NONE" AND RETURN WITH EXPLANATION.**

MONTHLY:

DUE BY THE 15TH OF THE FOLLOWING MONTH.

**MAIL TO: Brimfield-Kent JEDD
930 Overholt Rd.
Kent, OH 44240**

Please see instruction sheet for further information.

Business Name: _____

Address: _____

Period: _____

Account Number:

PLEASE PHOTOCOPY FORM FOR SUBSEQUENT MONTHS/QUARTERS AS NEEDED

End of the Year Reconciliation Due By January 31

Number W2's	_____	1st Quarter	_____
Total W2 Wages	_____	2nd Quarter	_____
1.50% of Total Wages	_____ *	3rd Quarter	_____
		4th Quarter	_____
		Total Sent In	_____ *

* Should Balance