

File with Fairfield Income Tax
701 Wessel Drive
Fairfield OH 45014-3611
(513) 867-5327
Fax (513) 867-5333

Forms available online at
www.fairfield-city.org

WEST CHESTER JEDD 1 Employee Tax Return 2020

Calendar year taxpayers file on or before April 15th
and fiscal year taxpayers file by the 15th day of
the fourth month after the close of the period.

FORM JEDD1-ER

Your social security number

Make checks payable to West Chester JEDD1

Provide name and address in space below.

Daytime Telephone Number _____

EMPLOYER NAME: _____ Employed From: ____/____/2020 to: ____/____/2020

INCOME	1.	Total W-2 wages. W-2's MUST BE ATTACHED	1	\$	_____
	2.	Deduct wages earned prior to working at JEDD 1 location.....	2	\$	_____
	3.	Total Taxable Income	3	\$	_____
DOT	4.	Days out of town - West Chester JEDD 1 taxable percentage from Line 15..(_____)... .	4	\$	_____
TAX DUE	5.	West Chester JEDD 1 tax is 1.0% (0.010) of line 4.....	5	\$	_____
WITHHELD	6A.	West Chester JEDD 1 tax withheld: Credit will only be given with proper documentation. 6A \$			_____
ESTIMATED	6B.	Estimated payments made to West Chester JEDD 1	6B	\$	_____
PRIOR YEAR	6C.	Prior year overpayment credit	6C	\$	_____
CREDITS	6.	Total credits available (Add lines 6A through 6C.).....	6	\$	_____
BALANCE	7.	Balance Due , if Line 5 is greater than Line 6, subtract Line 6 from Line 5	7	\$	_____
REFUND	8.	Overpayment , if Line 5 is less than Line 6, subtract Line 5 from Line 6	8	\$	_____

Amounts of \$10.00 or less are not payable, refunded or credited.

DOT - Days out of Town - FOR USE BY EMPLOYEES TRANSFERRED TO WEST CHESTER JEDD 1 ON OR AFTER 9/15/09

9. DATE STARTED WORKING IN WEST CHESTER JEDD 1: ____/____/2020

10. Total number of days of the year from Line 9: [Example: 1/01/20 to 12/31/20 = 365] 10 _____

11. Number of Saturdays and Sundays [Example: 1/1/20 to 12/31/20 = 104] 11 _____

12. Total days worked in year (Line 10 minus Line 11) [Example: 365-104 = 261] 12 _____

13. Total days worked outside of West Chester JEDD 1 **Do not include holidays or sick days** 13 _____

Include an itinerary of when and where work was performed.

When applicable, your city/village of residency will be notified of your refund as tax may be due to them.

14. Total days worked in West Chester JEDD 1 (Line 12 minus Line 13) 14 _____

Note: All holidays, vacation and sick leave MUST BE INCLUDED in this total.

15. West Chester JEDD 1 taxable income percentage: (Line 14 _____ divided by Line 12 _____) 15 _____

Required: As the supervisor and/or payroll manager for the above, I verify that all the above information, as submitted by the employee, is true and accurate.

Supervisor/Payroll Manager Signature _____ Name & Title _____ Telephone Number _____ Date _____

The undersigned declares that this return (and accompanying schedules) is true, correct and complete for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Signature of Taxpayer _____ Date _____

Signature of Preparer, if other than Taxpayer _____ Date _____

Name and Address of Tax Practitioner

Telephone Number _____

May we discuss the return with the tax practitioner below?
Please circle one: Yes No

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