

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](http://www.fairfield-city.org)

## WEST CHESTER JEDD 1 Employee Tax Return 2021

Calendar year taxpayers file on or before April  
18<sup>th</sup> and fiscal year taxpayers file by the 18<sup>th</sup> 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: \_\_\_\_/\_\_\_\_/2021 to: \_\_\_\_/\_\_\_\_/2021

<b>INCOME</b>	1.	Total W-2 wages. <b>W-2's MUST BE ATTACHED</b> .....	1	\$	_____
	2.	Deduct wages earned prior to working at JEDD 1 location.....	2	\$	_____
	3.	Total Taxable Income .....	3	\$	_____
<b>DOT</b>	4.	Days out of town - West Chester JEDD 1 taxable percentage from Line 15..(_____)... .	4	\$	_____
<b>TAX DUE</b>	5.	West Chester JEDD 1 tax is 1.0% (0.010) of line 4.....	5	\$	_____
WITHHELD	6A.	West Chester JEDD 1 tax withheld: <b>Credit will only be given with proper documentation.</b> 6A \$			_____
ESTIMATED	6B.	Estimated payments made to West Chester JEDD 1 .....	6B	\$	_____
PRIOR YEAR	6C.	Prior year overpayment credit .....	6C	\$	_____
<b>CREDITS</b>	6.	Total credits available (Add lines 6A through 6C.).....	6	\$	_____
<b>BALANCE</b>	7.	<b>Balance Due</b> , if Line 5 is greater than Line 6, subtract Line 6 from Line 5 .....	7	\$	_____
<b>REFUND</b>	8.	<b>Overpayment</b> , 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: \_\_\_\_/\_\_\_\_/2021

10. Total number of days of the year from Line 9: [Example: 1/01/21 to 12/31/21 = 365] ..... 10 \_\_\_\_\_

11. Number of Saturdays and Sundays [Example: 1/1/21 to 12/31/21 = 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 vacation 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

**For Tax Division Use Only**