

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

Provide name and address in space below.

**West Chester JEDD 1
Business Income Tax Return 2020**

or
Fiscal Period _____ to _____

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 JEDD-BR

Your Federal ID # _____

Consolidated Return

Amended Return

Return for (check one)

Corporation LLC*

Partnership* S-Corporation*

Sole proprietor



If a taxpayer had no taxable income, place an "X" in the box, sign and date below, and return this form by the due date as listed above.
Income from pass-through entities shall be taxed as income/net profits of the owners and not the pass-through entity. These entities
include, but are not limited to, LLCs, Partnerships and S-Corporations. Pass-through entities need to complete Schedule Z.

INCOME	1. Adjusted Federal Taxable Income (Attach copy of Federal return.)	1	\$ _____
	2. Adjustments (From Line M, Schedule X)	2	\$ _____
	3. Taxable Income before allocation (Line 1 plus/minus Line 2).....	3	\$ _____
ADJUSTMENTS	A. Apportionment percentage _____ % (From Step 5, Schedule Y)		
TO INCOME	4. West Chester JEDD 1 Taxable Income (Line 3 multiplied by Line 3A).....	4	\$ _____
	5. Net Loss Carryforward	5	\$ _____
	6. Income Subject to West Chester JEDD 1 Income Tax (Line 4 less Line 5)	6	\$ _____
TAX	7. West Chester JEDD1 Tax is 1.0% (.010) of Line 6	7	\$ _____
TAX	8. Tax Credits: Credit will only be given with proper documentation.		
PAYMENTS	A. Estimated payments	8A	\$ _____
AND	B. Prior year overpayments	8B	\$ _____
CREDITS	C. Total tax credits (Lines 8A and 8B)	8C	\$ _____
BALANCE	9. Balance Due, (if Line 7 is greater than Line 8C.) (No tax is due if \$10.00 or less)	9	\$ _____
DUE,	A. Penalty.....	9A	\$ _____
REFUND,	B. Interest	9B	\$ _____
AND/OR	C. Total Penalty and Interest (Line 9A and Line 9B)	9C	\$ _____
CREDIT	D. Total Balance Due (Line 9 plus Line 9C).....	9D	\$ _____
	10. Overpayment, if Line 7 is less than Line 8C. (No refund/credit if \$10.00 or less)	10	\$ _____
	A. REFUND amount	10A	\$ _____
	B. CREDIT amount	10B	\$ _____

DECLARATION OF ESTIMATED TAX FOR 2021

ESTIMATE	11. Total income subject to tax.....	11	\$ _____
FOR	12. Estimated Tax Due (Multiply by tax rate of 1% (.010) *Estimate not required if less than \$200	12	\$ _____
NEXT	13. First quarter estimated tax payment (minimum of 22.5% (.225) of Line 12)*	13	\$ _____
YEAR	*First quarter estimated tax payment should be paid with this return. Use enclosed estimate forms for 2 nd , 3 rd and 4 th quarters.		
	14. Prior year tax credit from Line 10B above.	14	\$ _____
	15. If Line 14 is greater than Line 13, enter "0"; otherwise, enter the amount of Line 13 less Line 14.	15	\$ _____
TAX DUE	16. TOTAL TAX DUE (Lines 9D and 15) Make checks payable to West Chester JEDD 1	16	\$ _____

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 or Agent (Required) _____ Date _____

May we discuss the return with the tax practitioner below? Yes No

Signature of Preparer, if other than taxpayer _____ Date _____

For Tax Division Use Only

Name and Address of Preparer _____ Telephone Number _____

All appropriate Federal schedules and forms MUST be attached. A return is NOT complete unless schedules and forms are included.

Schedule X – Reconciliation with Federal Income Tax Return

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
A. Capital Losses (Sec 1231 included).....	\$ _____		G. Capital Gains	\$ _____	
B. Income Taxes	\$ _____		H. Interest Income	\$ _____	
C. Guaranteed Payments or Accruals to/for Current or Former Partners or Members	\$ _____		I. Dividends	\$ _____	
D. Expenses Attributable to Non-taxable Income	\$ _____		J. Income from Copyrights and Patents ...	\$ _____	
E. Other	\$ _____		K. Other Income Exempt (Explain)	\$ _____	
.....	\$ _____		\$ _____	
.....	\$ _____		\$ _____	
.....	\$ _____		\$ _____	
F. Total Additions	\$ _____		L. Total Deductions	\$ _____	
			M. Combine Lines F and L, enter on Line 2	\$ _____	

Schedule Y – Business Apportionment Formula

	A. Located Everywhere	B. Located in West Chester JEDD1	C. Percentage (B/A)
Step 1. Original Cost of Real & Tangible Personal Property	_____	_____	
Gross Annual Rentals Paid Multiplied by 8	_____	_____	
Total Step 1.	_____	_____	_____ %
Step 2. Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____ %
Step 3. Wages, Salaries and Other Compensation	_____	_____	_____ %
Step 4. Total Percentages	_____	_____	_____ %
Step 5. Average Percentage (Divide total percentage by number of percentages used. Enter on Line 3A)	_____ %		

Leased Employees

Are any employees leased in the year covered by this return? Yes No

If Yes, please provide the name, address and FID number of the leasing company _____

Withholding Account

Provide the name, address and FID number of the company under which withholdings are submitted (if different from net profit account.)

FID: _____

Extension Policy: Extensions will be granted for filing of the annual return provided an IRS extension has been secured, or the extension request is received by this tax office before the original due date of the return.

Schedule Z – Owner, Partner/Shareholder Information (Attach K-1s)

Attach additional pages if needed.

Name

EIN/SSN

Address (include City, State & Zip)

Percentage
of Ownership