

BLENDON TOWNSHIP JEDZ  
C/O CITY OF WESTERVILLE  
PO Box 636  
Westerville, OH 43086-0636  
Tel: (614) 901-6420  
Fax: (614) 901-6820  
Website: www.westerville.org

# INDIVIDUAL TAX RETURN 2019

CITY USE ONLY	
DE _____	TAX _____
CHG _____	_____
	_____

SOCIAL SECURITY # _____
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SPOUSE SOCIAL SECURITY # _____
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TELEPHONE:
HOME _____
BUSINESS _____

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES (LIST BOTH NAMES AND SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

<b>INCOME</b>	1. Total W-2 wages. For multiple W-2's, complete Worksheet A on reverse. <b>W-2'S MUST BE ATTACHED</b> .....	1	\$	_____
	2. Other income. From Federal Schedule C, E, F, or complete Worksheet B on reverse. <b>SCHEDULES MUST BE ATTACHED.</b>	2	\$	_____
	3. TOTAL INCOME. ADD LINES 1 AND 2.....	3	\$	_____
	4. Adjustments (complete Worksheet C on reverse) .....	4	\$	_____
	5. BLENDON JEDZ TAXABLE INCOME. (Subtract line 4 from line 3) .....	5	\$	_____

<b>TAX</b>	6. Multiply Taxable Income (Line 5) by 2.0% (.02).....Tax Amount before any credits	6	\$	_____
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<b>TAX</b>	7. Blendon JEDZ income tax withheld from W-2.....	7	\$	_____
<b>WITHHELD,</b>	8. 2019 estimated tax payments .....	8	\$	_____
<b>PAYMENTS</b>	9. Prior year overpayment carried forward.....	9	\$	_____
<b>AND</b>	10. TOTAL PAYMENTS AND CREDITS. Add lines 7 through 9 .....	10	\$	_____
<b>CREDITS</b>				

<b>BALANCE</b>	11. BALANCE DUE. If line 6 is more than 10, enter balance due here (No tax due if less than \$10.00).....	11	\$	_____
<b>DUE,</b>	12. 15% Penalty if filing after due date or no estimates filed as required. (See Instructions).....	12	\$	_____
<b>REFUND</b>	13. .50% Interest per month or part thereof, if filing after due date. (See instructions).....	13	\$	_____
<b>OR</b>	14. Total due. (No tax due if less than or equal to \$10.00) .....	14	\$	_____
<b>CREDIT</b>	15. OVERPAYMENT. If line 6 is less than line 10.....	15	\$	_____
	16. AMOUNT FROM LINE 15 TO BE REFUNDED (No refund if less than or equal to \$10.00)	16	\$	_____
	17. AMOUNT FROM LINE 15 TO BE CREDITED TO NEXT YEAR (No Credit if less than or equal to \$10.00) .....	17	\$	_____

**NOTE: IF BLENDON JEDZ TAX WITHHELD ON ALL INCOME OR NO ESTIMATES REQUIRED, STOP HERE, SIGN AND DATE RETURN**

<b>ESTIMATE</b>	18. DECLARATION OF ESTIMATED TAX DUE (Worksheet D on reverse) .....	18	\$	_____
	19. Declaration due. (Enter 25% of Line 18 if quarterly, 50% if semi-annually or 100% if annually)	19	\$	_____
	20. Less deduction for Prior Year Overpayment, if applicable from line 17 (not refunded)	20	\$	(_____)
	21. Amount paid with this declaration of estimated tax due (Line 19 less Line 17) .....	21	\$	_____

<b>TAX DUE</b>	<b>22. TOTAL TAX DUE. ADD LINES 14 &amp; 21. PLEASE MAKE CHECK PAYABLE TO BLENDON JEDZ/ CITY OF WESTERVILLE</b>	<b>22</b>	<b>\$</b>	<b>_____</b>
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\*First Quarter Estimate should be paid with this return.

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes. If an audit of the Federal return is made or a refund from another city is received which affects tax liability shown on this return, an amended return will be filed within 90 days.

\_\_\_\_\_  
SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME AND ADDRESS OF PREPARER

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF TAXPAYER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE (IF JOINT RETURN)

\_\_\_\_\_  
TELEPHONE NUMBER

File with Blendon JEDZ/City of Westerville  
Income Tax Division  
P.O. Box 636, Westerville, OH 43086-0636

**ATTACH ALL APPROPRIATE W-2'S,  
1099'S, FEDERAL SCHEDULES,  
EXPLANATIONS, ETC. ...  
MAKE CHECKS PAYABLE TO BLENDON  
JEDZ/CITY OF WESTERVILLE BY APRIL 15TH**

**WORKSHEET A**

**SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION**

Use highest wage amount from medicare or local box.

COLUMN 1	COLUMN 2	COLUMN 3
CITY WHERE EMPLOYED	WAGES, TIPS, ETC W-2	BLENDON JEDZ TAX WITHHELD IF ANY PER INSTRUCTIONS
A.		
B.		
C.		
D.		
E.		
F. TOTALS		

PAGE 1 LINE 1

PAGE 1 LINE 9

**WORKSHEET B**

**OTHER TAXABLE INCOME**

**PROFIT**

**LOSS**

A. PROFIT/LOSS FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C) .....	_____	_____
B. PROFIT/LOSS FROM ANY RENTAL INCOME AND/OR FARM INCOME (ATTACH FEDERAL SCHEDULE E OR F) .....	_____	_____
C. PROFIT/LOSS FROM NON-WESTERVILLE PARTNERSHIP (ATTACH FEDERAL SCHEDULE E) .....	_____	_____
D. OTHER INCOME (EXPLAIN SOURCE) .....	_____	_____
REPORT TOTAL PROFITS ONLY HERE AND ON PAGE 1, LINE 2A .....	_____	_____

**IMPORTANT: LOSSES FROM ONE BUSINESS ACTIVITY CANNOT OFFSET PROFIT FROM UNRELATED BUSINESS ACTIVITY. LOSSES MAY BE CARRIED FORWARD A MAXIMUM OF 5 YEARS TO OFFSET FUTURE PROFIT(S) ON THE SAME BUSINESS ACTIVITY (2017-2021 LIMITED TO 50%)**

**WORKSHEET C**

**ADJUSTMENT TO INCOME**

**Wages earned in Blendon JEDZ may not be pro-rated.**

Total income divided by 12 x # of months not an employee of Blendon JEDZ or actual earnings with documentation. Enter in Column 1.

EXPLANATION	COLUMN 1 DEDUCTIONS
Net adjustment	

ENTER ON PAGE 1 LINE 4

**IF YOUR TOTAL INCOME IS SUBJECT TO 100% WITHHOLDING OF BLENDON JEDZ TAX OR WORK CITY IS 2% OR HIGHER - NO ESTIMATE REQUIRED**

**WORKSHEET D**

**DECLARATION OF ESTIMATED TAX FOR 2020**

- A. Estimated income subject to Blendon JEDZ tax \$ \_\_\_\_\_ x 2.0% = ESTIMATED TAX DUE \$ \_\_\_\_\_
- Credits:
- B. Blendon JEDZ tax to be withheld by employer ..... \$ ( \_\_\_\_\_ )
- C. DECLARATION OF ESTIMATED TAX DUE (Line A less Line B and C, if over \$200 - payments required) ..... \$ \_\_\_\_\_

Enter Declaration on line 18

**Due dates for estimates are April 15th, June 15th, September 15th and January 15th if paying quarterly.**

**If paying semi annually due dates are April 15th and September 15th.**