

**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 2021**
FILING REQUIRED EVEN IF NO TAX DUE.

CITY USE ONLY	
DE _____	TAX _____
CHG _____	_____

SOCIAL SECURITY # _____

SPOUSE SOCIAL SECURITY # _____

TELEPHONE:
HOME _____
BUSINESS _____

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

INCOME	1. Total W-2 wages. For multiple W-2's, complete Worksheet A on reverse. W-2'S MUST BE ATTACHED	1	\$ _____
	2. Other income. From Federal Schedule C, E, F, or complete Worksheet B on reverse. SCHEDULES MUST BE ATTACHED.	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	\$ _____

TAX	6. Multiply Taxable Income (Line 5) by 2.0% (.02).....Tax Amount before any credits	6	\$ _____
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TAX WITHHELD, PAYMENTS AND CREDITS	7. Blendon JEDZ income tax withheld from W-2.....	7	\$ _____
	8. 2021 estimated tax payments	8	\$ _____
	9. Prior year overpayment carried forward.....	9	\$ _____
	10. TOTAL PAYMENTS AND CREDITS. Add lines 7 through 9	10	\$ _____

BALANCE DUE, REFUND OR CREDIT	11. BALANCE DUE. If line 6 is more than 10, enter balance due here (No tax due if less than or equal to \$10.00)	11	\$ _____
	12. 10% Penalty if filing after due date or no estimates filed as required. (See Instructions).....	12	\$ _____
	13. .4416% Interest per month or part thereof, if filing after due date. (See instructions).....	13	\$ _____
	14. Total due. (No tax due if less than or equal to \$10.00)	14	\$ _____
	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

ESTIMATE	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	\$ _____

TAX DUE	22. TOTAL TAX DUE. ADD LINES 14 & 21. PLEASE MAKE CHECK PAYABLE TO BLENDON JEDZ/ CITY OF WESTERVILLE	22	\$ _____
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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 MISC, FEDERAL SCHEDULES,
EXPLANATIONS, ETC. ...
MAKE CHECKS PAYABLE TO BLENDON
JEDZ/CITY OF WESTERVILLE BY APRIL 18TH**

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.

	COLUMN 1
EXPLANATION	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 2022

- 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 18th, June 15th, September 15th and January 15th if paying quarterly.

If paying semi annually due dates are April 18th and September 15th.