

BLENDON TOWNSHIP JEDZ  
C/O CITY OF WESTERVILLE  
PO BOX 636  
WESTERVILLE, OH 43086-0636

IMPORTANT TAX INFORMATION

**EMPLOYER JEDZ MONTHLY WITHHOLDING BOOKLET**

**IN ORDER TO INSURE PROPER POSTING OF  
YOUR WITHHOLDING ACCOUNT, PLEASE USE  
THE ENCLOSED WITHHOLDING FORMS. PLEASE  
MAKE SURE YOU HAVE YOUR NAME, CURRENT  
ADDRESS AND FEDERAL ID# ON EACH REMITTANCE  
TO THE BLENDON JEDZ/CITY OF WESTERVILLE.  
THANK YOU FOR YOUR ASSISTANCE.**

## GENERAL INFORMATION

1. EACH EMPLOYER LOCATED OR DOING BUSINESS WITHIN THE BLENDON TOWNSHIP JEDZ, WHO EMPLOYS ONE OR MORE PERSONS IS REQUIRED TO WITHHOLD THE TAX OF 2.0% FROM ALL EMPLOYEE COMPENSATION AT THE TIME OF PAYMENT, WILL BE PAID ON OR BEFORE THE LAST DAY OF EACH MONTH FOLLOWING THE CALENDAR QUARTER ENDING MARCH 31, JUNE 30, SEPTEMBER 30 AND DECEMBER 31,

MAKE A RETURN AND REMIT THE TAX WITHHELD DURING THE PRECEDING CALENDAR QUARTER TO THE INCOME TAX DIVISION, P.O. BOX 636, WESTERVILLE, OHIO 43086-0636. APPLICABLE FOR WITHHELD INCOME TAX IN AMOUNTS LESS THAN \$200.00 PER MONTH.

MONTHLY DEPOSITS ARE REQUIRED WHEN THE TAX LIABILITY IS \$200.00 OR MORE PER MONTH. MONTHLY DEPOSITS WILL BE RECEIVED NOT LATER THAN 15 DAYS AFTER THE CLOSE OF THE CALENDAR MONTH.

SEMI MONTHLY DEPOSITS ARE REQUIRED IF TAXES WITHHELD EXCEED \$1,000 PER MONTH. THE RETURNS AND PAYMENTS WILL BE RECEIVED NOT LATER THAN 3 BUSINESS DAYS AFTER THE 15TH AND THE LAST DAY OF THE MONTH.

2. DELINQUENT RETURNS AND PAYMENTS SHALL BE SUBJECT TO PENALTY AND INTEREST AT THE RATE OF 50% PENALTY AND AT .58% PER MONTH, OR FRACTION THEREOF, FOR INTEREST.
3. THE FAILURE OF ANY EMPLOYER TO RECEIVE OR PROCURE FORM WW-1 IS NOT REASONABLE CAUSE FOR FAILING TO MAKE PAYMENT AND TO FILE A RETURN. A RETURN IS DUE FOR EACH REPORTING PERIOD AS REQUIRED, EVEN IF THERE IS NO LIABILITY FOR THAT PERIOD.
4. AN ANNUAL RECONCILIATION IS REQUIRED TO BE FILED WITH COPIES OF FEDERAL FORM W-2 BY FEBRUARY 28 FOLLOWING EACH CALENDAR YEAR. CONTACT OUR OFFICE FOR THE SPEC'S FOR THE ACCEPTED FORMAT THAT WILL NEED TO ACCOMPANY THIS COMPLETED W-3. ACCEPTABLE FORMS OF MAGNETIC MEDIA IS A CDROM AND A FLASH DRIVE.
5. ANY PERSON, INCLUDING CORPORATIONS, PARTNERSHIPS, EMPLOYERS, ESTATES AND TRUSTS, WHO FILES 250 OR MORE INFORMATION RETURNS OF FORM W-2 FOR ANY CALENDAR YEAR, MUST FILE THESE RETURNS USING MAGNETIC MEDIA OR SUCH OTHER PROCESS AS DETERMINED ACCEPTABLE TO THE FINANCE DIRECTOR. ALL REQUIREMENTS APPLY SEPARATELY TO BOTH ORIGINAL AND CORRECTED FORMS.

**BLENDON TOWNSHIP JEDZ – RETURN OF INCOME TAX WITHHELD**

(see Page 1 For Instructions) WW-1

1. Tax Withheld on income earned in Blendon Township JEDZ (2.0% rate)..... \$		FOR CITY USE ONLY
2. Late Payment Penalty Charge (50%)..... \$		
3. Late Interest Charge at .58% per month..... \$		
4. Total Due (Make Check payable to Blendon JEDZ c/o City of Westerville)..... \$		

Federal I.D. No.

**File With: Blendon JEDZ  
c/o City of Westerville  
P.O. Box 636  
Westerville, Ohio 43086-0636  
(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**JANUARY 31, 2024**

RECEIVED ON OR BEFORE  
**FEBRUARY 15, 2024**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to Blendon Township JEDZ Tax Code and regulations

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

Save a stamp, file online at <https://web2.civicacmi.com/WestervilleTax>  
Please make corrections if necessary

If you did not have any Employees or withheld income tax for this period, please indicate and return this form.

**BLENDON TOWNSHIP JEDZ – RETURN OF INCOME TAX WITHHELD**

(see Page 1 For Instructions) WW-1

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c/o City of Westerville  
P.O. Box 636  
Westerville, Ohio 43086-0636  
(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**FEBRUARY 29, 2024**

RECEIVED ON OR BEFORE  
**MARCH 15, 2024**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to Blendon Township JEDZ Tax Code and regulations

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

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c/o City of Westerville  
P.O. Box 636  
Westerville, Ohio 43086-0636  
(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**MARCH 31, 2024**

RECEIVED ON OR BEFORE  
**APRIL 15, 2024**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to Blendon Township JEDZ Tax Code and regulations

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

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c/o City of Westerville  
P.O. Box 636  
Westerville, Ohio 43086-0636  
(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**APRIL 30, 2024**

RECEIVED ON OR BEFORE  
**MAY 15, 2024**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to Blendon Township JEDZ Tax Code and regulations

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

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c/o City of Westerville  
P.O. Box 636  
Westerville, Ohio 43086-0636  
(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**MAY 31, 2024**

RECEIVED ON OR BEFORE  
**JUNE 15, 2024**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to Blendon Township JEDZ Tax Code and regulations

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

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Westerville, Ohio 43086-0636  
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FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**JUNE 30, 2024**

RECEIVED ON OR BEFORE  
**JULY 15, 2024**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to Blendon Township JEDZ Tax Code and regulations

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

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FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**JULY 31, 2024**

RECEIVED ON OR BEFORE  
**AUGUST 15, 2024**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to Blendon Township JEDZ Tax Code and regulations

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

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FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**AUGUST 31, 2024**

RECEIVED ON OR BEFORE  
**SEPTEMBER 15, 2024**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to Blendon Township JEDZ Tax Code and regulations

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

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P.O. Box 636  
Westerville, Ohio 43086-0636  
(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**SEPTEMBER 30, 2024**

RECEIVED ON OR BEFORE  
**OCTOBER 15, 2024**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to Blendon Township JEDZ Tax Code and regulations

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

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(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**OCTOBER 31, 2024**

RECEIVED ON OR BEFORE  
**NOVEMBER 15, 2024**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to Blendon Township JEDZ Tax Code and regulations

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

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FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**NOVEMBER 30, 2024**

RECEIVED ON OR BEFORE  
**DECEMBER 15, 2024**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to Blendon Township JEDZ Tax Code and regulations

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

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Westerville, Ohio 43086-0636  
(614) 901-6420  
FAX (614) 901-6820**

FOR THE PERIOD ENDING  
**DECEMBER 31, 2024**

RECEIVED ON OR BEFORE  
**JANUARY 15, 2025**

I declare that this has been examined by me, and to the best of my knowledge and belief it is a true, correct and complete return, made in good faith, pursuant to Blendon Township JEDZ Tax Code and regulations

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_ Date \_\_\_\_\_

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Please make corrections if necessary

If you did not have any Employees or withheld income tax for this period, please indicate and return this form.

## INSTRUCTIONS

1. Indicate the number of employees/number of W2's submitted.
2. Total of Blendon Township JEDZ wages as shown on W2's.
3. Total of Blendon Township JEDZ Tax Withheld as shown on W2's.
4. If you file withholding taxes monthly or semi-monthly, list each month's total payment and then record the total for the year on line 4.

If you file quarterly withholding, list each quarter's deposit and then record the total for the year on line 4. Any discrepancy between the amounts shown on lines 3 and 4 must be explained in an attached statement.

If additional tax is due payment must be included and mailed with this report. Penalty and interest will be assessed where applicable.

If name, address or identification number is incorrect, please make corrections. If this is a Final Return, please indicate.

Mail reconciliation with W2 copies by February 28 to Blendon JEDZ/ c/o City of Westerville, Income Tax Division, P.O. Box 636, Westerville, OH 43086-0636.



**Reconciliation Returns of Income Tax Withheld for Blendon Township JEDZ**

**YEAR** \_\_\_\_\_ **WW-3**

Date Due: February 28  1. Total Blendon Township JEDZ W-2's _____ 2. Wages Subject to Withholding Tax ... _____ 3. Amount of Tax Withheld ..... _____ 4. Total Tax Paid ..... _____ 5. Overpayment <input type="checkbox"/> Credit Forward <input type="checkbox"/> Refund Federal I.D. No. _____	W-2's must be attached.  If you filed <b>monthly or semi-monthly</b> returns, record each months total deposits below: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>JAN</td><td>JULY</td></tr> <tr><td>FEB</td><td>AUG</td></tr> <tr><td>MAR</td><td>SEPT</td></tr> <tr><td>APR</td><td>OCT</td></tr> <tr><td>MAY</td><td>NOV</td></tr> <tr><td>JUNE</td><td>DEC</td></tr> </table> If you filed quarterly, record each quarter's deposit below: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1ST QTR</td><td>3RD QTR</td></tr> <tr><td>2ND QTR</td><td>4TH QTR</td></tr> </table> I hereby certify that the information and statements contained herein are true and correct.  (Signed) _____  (Title) _____ Date _____	JAN	JULY	FEB	AUG	MAR	SEPT	APR	OCT	MAY	NOV	JUNE	DEC	1ST QTR	3RD QTR	2ND QTR	4TH QTR
JAN	JULY																
FEB	AUG																
MAR	SEPT																
APR	OCT																
MAY	NOV																
JUNE	DEC																
1ST QTR	3RD QTR																
2ND QTR	4TH QTR																

Please make corrections if necessary

# MONTHLY WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Month Ending	Due Date	Check Number	Date	Amount	Month Ending	Due Date	Check Number	Date	Amount
1/31	2/15	_____	_____	_____	7/31	8/15	_____	_____	_____
2/29	3/15	_____	_____	_____	8/31	9/15	_____	_____	_____
3/31	4/15	_____	_____	_____	9/30	10/15	_____	_____	_____
4/30	5/15	_____	_____	_____	10/31	11/15	_____	_____	_____
5/31	6/15	_____	_____	_____	11/30	12/15	_____	_____	_____
6/30	7/15	_____	_____	_____	12/31	1/15	_____	_____	_____