BLENDON TOWNSHIP JEDZ C/O CITY OF WESTERVILLE

PO Box 636 Westerville, OH 43086-0636 Tel: (614) 901-6420 Fax: (614) 901-6820

SIGNATURE OF TAXPAYER

SIGNATURE OF SPOUSE (IF JOINT RETURN)

INDIVIDUAL TAX RETURN 2023

FILING REQUIRED EVEN IF NO TAX DUE.

CITY USE ONLY							
DE							

Website: www	.weste	ville.org	Cł	HG .					
					SOCIAL	SECL	JRITY	(#	
					SPOUSE SOC	JIAL (SECL	JRITY #	
EMAIL ADDDEC	0.				TELE				
IF NAME OR ADDRES	SS IS INC	PRRECT MAKE NECESSARY CHANGES (LIST BOTH NAMES AND SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)	BOOME						
INCOME	1.	Total W-2 wages. For multiple W-2's, complete Worksheet A on reverse. W-2'S N							
	2.	Other income. From Federal Schedule C, E, F, or complete Worksheet B on reverse. SCHED							
	3.	TOTAL INCOME. ADD LINES 1 AND 2					\$		
	4.	Adjustments (complete Worksheet C on reverse)							
	5.	BLENDON JEDZ TAXABLE INCOME. (Subtract line 4 from line 3)				5	\$		
TAX	6.	Multiply Taxable Income (Line 5) by 2.0% (.02)Tax A	mount	befo	ore any credits	6	\$		
TAX	7.	Blendon JEDZ income tax withheld from W-2	7	\$					
WITHHELD,	8.	2023 estimated tax payments	8	\$					
PAYMENTS		Prior year overpayment carried forward							
AND		TOTAL PAYMENTS AND CREDITS. Add lines 7 through 9							
CREDITS		<u> </u>							
BALANCE	11.	BALANCE DUE. If line 6 is more than 10, enter balance due here (No tax due if les	s than	or e	gual to \$10.00)	11	\$		
DUE,		15% Penalty if filing after due date or no estimates filed as required. (See Instruct							
REFUND		.58% Interest per month or part thereof, if filing after due date. (See instructions).							
OR	14.	Total due. (No tax due if less than or equal to \$10.00)							
CREDIT	15.	OVERPAYMENT. If line 6 is less than line 10							
		AMOUNT FROM LINE 15 TO BE REFUNDED (No refund if less than or equal to \$10							
		AMOUNT FROM LINE 15 TO BE CREDITED TO NEXT YEAR (No Credit if less than or equal to \$10.00)							
	NO.	E: IF BLENDON JEDZ TAX WITHHELD ON ALL INCOME OR NO ESTIMATES							
ESTIMATE	18.	DECLARATION OF ESTIMATED TAX DUE (Worksheet D on reverse)	18	\$		_	_		
		Declaration due. (Enter 25% of Line 18 if quarterly, 50% if semi-annually or 100% if annuall		Ţ					
	20.	Less deduction for Prior Year Overpayment, if applicable from line 17 (not refunde	• •		(}	1	
		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 JEI	OZ/ CITY	Y OF	WESTERVILLE	22	\$		
	*Firs	Quarter Estimate should be paid with this return.							
☐ If this return	n was į	prepared by a tax practitioner, check here if we may contact him/her directly with questions req	garding t	the p	reparation of this	retur	n.		
same as used	for Fe	lares that this return (and accompanying schedules) is a true, correct and complete return for deral Income Tax purposes. If an audit of the Federal return is made or a refund from another one filed within 90 days.						•	
SIGNATURE OF PRE	EPARER,	F OTHER THAN TAXPAYER DATE		_	Income Tax Div	isior	n	Z/City of Westerville	
NAME AND ADDRES	SS OF PF	EPARER TELEPHONE NUMBER		_	1.0. DOX 030, V	vesi	GI VI	ille, OH 43086-0636	

DATE

TELEPHONE NUMBER

ATTACH ALL APPROPRIATE W-2'S, 1099 MISC, 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.

B. C. D.	COLUMN 1	COLUMN 2	COLUMN 3
B. C. D.	CITY WHERE EMPLOYED	WAGES, TIPS, ETC W-2	
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) PROFIT/LOSS FROM ANY RENTAL INCOME AND/OR FARM INCOME (ATTACH FEDERAL SCHEDULE E OR F) OTHER INCOME (EXPLAIN SOURCE) REPORT TOTAL PROFITS ONLY HERE AND ON PAGE 1, LINE 2A. IMPORTANT: LOSSES FROM SOULY HERE AND ON PAGE 1, LINE 2A. IMPORTANT: LOSSES FROM ANAIMUM OF 5 YEARS TO OFFSET FUTURE PROFIT(S) ON THE SAME 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 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 PAGE 1 LINE 4 EYOUR TOTAL INCOME IS SUBJECT TO 100% WITHHOLDING OF BLENDON JEDZ TAX OR WORK CITY IS 2% OR HIGHER - NO ESTIMATE REQUIRE WORKSHEET D DECLARATION OF ESTIMATED TAX FOR 2024 A. Estimated income subject to Blendon JEDZ tax \$ X 2.0% = ESTIMATED TAX DUE \$ BIGHTON JEDZ TAX to be withheld by employer \$	Α.		
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C. DECLARATION OF ESTIMATED TAX DUE (Line A less Line B and C, if over \$200 - payments required)			
	C. DECLARATION OF ESTIMATED TAX	DUE (Line A less Line B and C, if over \$200 - payments required	d)\$ Enter Declaration on line 18

Due dates for estimates are April 15th, June 17th, September 16th and January 15th if paying quarterly.

If paying semi annually due dates are April 15th and September 16th.