

EMPLOYER'S RETURN OF TAX WITHHELD

I hereby certify that the information and statements contained herein are true and correct.

Signed: _____

Official Title: _____

Date: _____

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
BRIMFIELD-KENT JEDD**

Due Dates:

QUARTERLY:

| | |
|--------------|----------|
| JAN-FEB-MAR | APRIL 30 |
| APR-MAY-JUN | JULY 31 |
| JULY-AUG-SEP | OCT. 31 |
| OCT-NOV-DEC | JAN. 31 |

MONTHLY:

DUE BY THE 15TH OF THE FOLLOWING MONTH.

| | |
|---|--|
| Number of Taxable Employees | _____ |
| Total Employee Wages Subject to JEDD Income Tax | \$ |
| Actual Tax Withheld | \$ _____ |
| Adjustments (Attach explanation) | \$ _____ |
| Penalty (See Below) | \$ _____ |
| Interest (See Below) | \$ _____ |
| Total (Due And Payable With Return | \$ _____ |

INTEREST OF 1% AND PENALTY OF 10% PER MONTH OR PART THEREOF MUST BE ASSESSED IF RETURN IS PAST DUE.

IF NO WAGES PAID THIS PERIOD, PLEASE MARK "NONE" AND RETURN WITH EXPLANATION.

MAIL TO: Brimfield-Kent JEDD
325 South Depeyster St.
Kent, OH 44240

Please see instruction sheet for further information.

Business Name: _____

Address: _____

Period: _____

Account Number:

PLEASE PHOTOCOPY FORM FOR SUBSEQUENT MONTHS/QUARTERS AS NEEDED

End of the Year Reconciliator Due By January 31

| | | | |
|---------------------|---------|---------------|---------|
| Number W2's | _____ | 1st Quarter | _____ |
| Total W2 Wages | _____ | 2nd Quarter | _____ |
| .75% of Total Wages | _____ * | 3rd Quarter | _____ |
| | | 4th Quarter | _____ |
| | | Total Sent In | _____ * |

* Should Balance