

EMPLOYER'S RETURN OF TAX WITHHELD

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

Number of Taxable Employees _____

Signed: _____

Total Employee Wages Subject to JEDD Income Tax \$

Official Title: _____

Actual Tax Withheld \$ _____

Date: _____

Adjustments (Attach explanation) \$ _____

Penalty (See Below) \$ _____

Interest (See Below) \$ _____

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

Total (Due And Payable With Return) \$ _____

Due Dates:

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

QUARTERLY:

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

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

MONTHLY:

DUE BY THE 15TH OF THE FOLLOWING MONTH.

MAIL TO: Kent-Franklin 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 Reconciliation Due By January 31

Number W2's _____ 1st Quarter _____
2nd Quarter _____
3rd Quarter _____
4th Quarter _____

Total W2 Wages _____

2.00% of Total Wages _____ * Total Sent In _____ *

* Should Balance