

FORM IR File with  
JEDD I - LIBERTY TOWNSHIP  
c/o City of Middletown, Income Tax  
POP Box 428739  
Middletown, Ohio 45042

**2016 - JEDD-I LIBERTY TOWNSHIP - 2016**

Individual Income Tax Return  
File On or Before April 18, 2017

Account

(513) 425-7862

[www.cityofmiddletown.org](http://www.cityofmiddletown.org)

**EXTENSION REQUESTS MUST BE ATTACHED TO YOUR RETURN**

This return is intended for sole proprietors performing  
work in Liberty Township JEDD I

Name & Address

Email: \_\_\_\_\_  
Taxpayer SSN: \_\_\_\_\_  
Phone - Home: \_\_\_\_\_  
Phone - Business: \_\_\_\_\_

1. Net Income/Loss from Schedule C and/or 1099 Misc.....
2. Apportionment Percentage \_\_\_\_\_% (provide worksheet)
3. Taxable income (Line 1 multiplied by line 2) .....
4. Net Loss Carry-forward (limited to 5 years) .....
5. Income subject to JEDD income tax (Line 3 minus line 6) .....
6. Tax is 1.5% (.015) of line 5.....
7. Tax credits:
  - A. Estimated Payments: \_\_\_\_\_
  - B. Prior Year Overpayments: \_\_\_\_\_
  - C. Total tax credits (lines A and B) .....
8. Balance Due (if line 6 is greater than line 7C) Line 6 minus Line 7C.....  
**NO TAX DUE OR REFUNDED IF LESS THAN \$10.01**
9. Overpayment (if line 6 in less than line 7C) Line 7C minus Line 6) .....
  - A. Refund amount: \_\_\_\_\_
  - B. Credit amount: \_\_\_\_\_

**DECLARATION OF ESTIMATED TAX FOR 2017**

10. Total estimated income subject to tax (to avoid penalty, no less than line 5) \_\_\_\_\_
11. Estimated tax due (multiply line 10 by 1.5% (.015).....  
if less than \$200, estimated payments are not required
12. First quarter tax due before credits (at least 25% of line 11).....
13. Prior year tax credit from line 9B above.....
14. Net estimated first quarter tax due with this return (line 12 minus line 13) \_\_\_\_\_
15. Total Tax Due (lines 8 and 14) Make check payable to JEDD Liberty Township. \_\_\_\_\_

First quarter estimated tax payment should be paid with this return. Subsequent estimated payments are due by the 15th day of the 6th, 9th, and 12th months after the beginning of the taxable year.

The undersigned declares that this return (and accompanying schedule) is a true, correct and complete return of the taxable period stated and that the figures used herein are the same as used for Federal Tax purposes.

Signature of Taxpayer or Agent \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Telephone Number of the Prepare \_\_\_\_\_

May we discuss this return with the tax-preparer?  Yes  No

For Office Use Only-Penalty & Interest

Failure to Pay Estimated by Dec 15th \$ \_\_\_\_\_ Failure to Pay Tax Due by Apr 18th \$ \_\_\_\_\_

Failure to File by Apr 18th \$ \_\_\_\_\_ Total Penalty & Interest \$ \_\_\_\_\_

**GRAND TOTAL \$ \_\_\_\_\_**

CREDIT CARD  
PAYMENT

1. Circle One:



2. Account Number (16 digits) \_\_\_\_\_

3. Expiration Date: \_\_\_\_\_

4. Amount to be Paid: \$ \_\_\_\_\_

5. Your Signature for Authorization: \_\_\_\_\_

**Business Locations Within JEDD**

DBA NAME \_\_\_\_\_ DBA NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

DBA NAME \_\_\_\_\_ DBA NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_