

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

2017 - JEDD-I LIBERTY TOWNSHIP - 2017

Individual Income Tax Return
File On or Before April 17, 2018

Account

(513) 425-7862

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 2018

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 1st 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 FILE BY APR 17	\$ _____
FAILURE TO FILE BY APR 17TH INTEREST	\$ _____	PENALTY	\$ _____
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 _____