

File with Fairfield Income Tax
701 Wessel Drive
Fairfield OH 45014-3611
(513) 867-5327
Fax (513) 867-5333

WEST CHESTER JEDD 1 Employee Tax Return 2010

FORM JEDD1-ER

Your social security number _____

Forms available on Internet at
www.fairfield-city.org

Calendar year taxpayers file on or before April 18th
and fiscal year taxpayers file by the 18th day of the
fourth month after the close of the period.

Make checks payable to West Chester JEDD1

Provide Name and Address in space below _____

Daytime Telephone Number _____

EMPLOYER NAME: _____ Employed From: ____/____/2010 to: ____/____/2010

INCOME	1. Total W-2 wages. W-2's MUST BE ATTACHED	1	\$ _____
	2. Deduct wages earned prior to working at JEDD 1 Location (See instructions).....	2	\$ _____
	3. Total Taxable Income	3	\$ _____
DOT	4. Days out of Town West Chester JEDD 1 taxable percentage from line 15..(_____).....	4	\$ _____
TAX DUE	5. West Chester JEDD 1 tax is 1.0% (0.010) of line 4.....	5	\$ _____
WITHHELD	6. West Chester JEDD 1 tax withheld: Credit will only be given with proper documentation.	6	\$ _____
BALANCE	7. Balance Due , if Line 5 is greater than Line 6, (subtract Line 6 from Line 5)	7	\$ _____
REFUND	8. Overpayment , if Line 5 is less than Line 6. (Subtract Line 5 from Line 6)	8	\$ _____

No tax due or refund if less than \$1.00

DOT - Days out of Town - FOR USE BY EMPLOYEES PERMENANTLY TRANSFERRED TO WEST CHESTER JEDD 1 ON OR AFTER 9/15/09

9. DATE STARTED WORKING IN WEST CHESTER JEDD 1: ____/____/2010	
10. Total number of days of the year from Line 9 to 12/31/10: [Example: 1/01/10 to 12/31/10 = 365]	10 _____
11. Number of Saturdays and Sundays [Example: 1/01/10 to 12/31/10 = 104].....	11 _____
12. Total days worked in year (Line 10 minus Line 11) [Example: 365-104 = 261]	12 _____
13. Total days worked outside of West Chester JEDD 1	13 _____

Include an itinerary of when and where work was performed.

When applicable your city/village of residency will be notified of your refund as tax may be due to them.

14. Total Days worked in West Chester JEDD 1 (Line 12 minus Line 13)	14 _____
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Note: All holidays, vacation and sick leave MUST BE INCLUDED in this total.

15. West Chester JEDD 1 taxable Income Percentage: (Line 14 _____ divided by Line 12 _____)	15 _____
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Required: As the supervisor and/or payroll manager for the above, I verify that all the above information, as submitted by the employee, to be accurate.

_____ Supervisor/Payroll manager Signature	_____ Name & Title	_____ Telephone Number	_____ Date
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The undersigned declares that this return (and accompanying schedules) is true, correct and complete for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

_____ Signature of Taxpayer	_____ Date	May we discuss the return with the tax practitioner below? Please circle one: Yes No
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_____ Signature of Preparer, if other than taxpayer	_____ Date	For Tax Division Use Only
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Name and Address of tax Practitioner

Telephone Number _____