



2021 JEFFERSON TOWNSHIP-WHITEHALL JEDD, OHIO
INDIVIDUAL INCOME TAX RETURN (W-1040)
DUE ON OR BEFORE APRIL 15, 2022

FOR TAX USE ONLY	
AMOUNT PAID WITH THIS RETURN	
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> M/O	
CHECK NO. _____	

Mail to:
JEFFERSON TOWNSHIP-WHITEHALL JEDD, C/O CITY OF WHITEHALL
360 S YEARLING RD
WHITEHALL, OHIO 43213

REFUND ☐ **AMENDED** ☐
Tel: (614) 237-9803
Fax: (614) 237-7902
Website: www.whitehall-oh.us

Taxpayer Name _____
Spouse (If applicable) _____
Current Home Address _____
City/State/Zip _____

Social Security # _____
Spouse Social Security # _____
If you moved during year, provide date
Moved into JTJW JEDD _____
Moved out of JTJW JEDD _____

Filing Status: Single ☐ Married Filing Joint ☐ Married Filing Separate ☐
Previous Address (if moved) _____

Should your account be inactivated?
Yes ☐ No ☐
If yes, explain: _____

☐ **W-2 INCOME ONLY FILERS CHECK HERE IF YOU WOULD LIKE THE TAX DIVISION TO CALCULATE YOUR RETURN ATTACH W-2'S AND SIGN BELOW, MAIL BEFORE MARCH 30, 2022.**

1. ENTER TAXABLE QUALIFYING WAGES (ATTACH ALL W2's) Qualifying wages are Medicare (Box 5) or Local (Box 18); whichever is higher

Employer	City Where Physically Employed	Qualifying Wages (See Above)	Tax Withheld	Adjustments to Income (Provide Explanation on Line 2)	Net Taxable Wages (Wages - Adjustments)
TOTALS:				Line 1.	

2. Other adjustments explanation (Select reason and complete Page 2): _____
3. Other income. From Schedule C, E, F, 1099-M, 1099-G etc. or complete Worksheet B on reverse. **Schedules must be attached.** _____
4. Prior Year Loss Carryforward (See instructions for limitations) _____
5. Net Business/Rental Income (line 3 minus line 4) _____
6. **Taxable Income** (Add lines 1 and 5) _____
7. Tax Due on Income (Multiply line 6 by 2.5%) _____
8. Whitehall Tax Withheld _____
9. Taxes Withheld or Paid to Other Cities (**Residents Only**) (See Instructions) _____
10. 2021 Estimated Taxes Paid _____
11. Prior Year Credit/Extension Payments _____
12. Total Payments and Credits (Add lines 8 through 11) _____
13. **Tax Due:** Make payable to **JTW JEDD** (Line 7 minus 12) – If amount is overpaid, enter as a negative # _____
14. Penalty (15%) _____ (+) Interest _____ (+) Late Filing Penalty _____ (add P&I for line 14) _____
15. **Total Tax Due** (Add lines 13 and 14) - If Amount is \$10 or less enter -0- _____
16. **Overpayment (\$10 or less will not be refunded)** _____
- Credited to 2022 16a. _____
Refunded 16b. _____

DECLARATION OF ESTIMATED TAX FOR 2022

17. Estimated Income Subject to Tax \$ _____ @ Tax Rate of 2.5% _____
18. Estimated Tax Withheld by Your Employer(s) _____
19. Overpayment Applied from 2021 _____
20. Other Payments and Credits _____
21. Total Payments and Credits (Add Lines 18, 19, and 20) _____
22. Net Estimated Tax Due (Line 17 minus line 21) _____
23. Estimate Paid with Return (not less than 25% of line 22) _____
24. TOTAL DUE (Line 15 plus line 23) _____

Signature of Tax Preparer _____ Date _____

Signature of Taxpayer _____ Date _____

Signature of Spouse _____ Date _____

Do you authorize your preparer to contact us regarding this return?

☐ Yes ☐ No

Preparer Address and Phone Number _____

ADJUSTMENTS TO TAXABLE INCOME

Under 18

1. If you were under the age of 18 for all or part of the year, enter your total wages for the year 1. _____
2. Wages earned while under the age of 18. Attach a copy of your birth certificate OR a copy of your driver's license
Enter your date of birth here: _____ 2. _____
3. Subtract Line 2 from 1; transfer this figure to Item 1 (page 1) along with any other taxable wages 3. _____

Improperly Withheld by Employer Reason withholding was improperly withheld: _____

4. If city tax was improperly withheld from your wages, enter your total wages from that employer 4. _____
5. Enter income upon which tax was improperly withheld by employer. Complete Certification by Employer below 5. _____
6. Subtract Line 5 from 4; transfer this figure to Item 1 (page 1) along with any other taxable wages 6. _____

Work Location Street Address	City	State	Zip
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Part-Year Resident

7. If you moved, enter your total wages for the year 7. _____
8. Enter the wages while not a resident 8. _____
9. Subtract Line 7 from 8; transfer this figure to Item 1 (page 1) along with any other taxable wages 9. _____

Completed the Non-Resident Employee Refund Application for Days Worked out of JTW JEDD Form for days in/out of JTW JEDD.

Complete the Certification by Employer below

Certification by Employer Regarding Adjustment to Taxable Wages

An Employer certification is required to claim adjustments on Line 4 through 9 above. Your request for refund will NOT be considered valid without a completed employer certification. A separate certification is required for each job for which you are claiming adjustments on Lines 4 through 9 above.

I/We certify that the employee referenced on this form was employed by the undersigned during the year referenced on this tax return; that the employee was either not working inside the limits of the City or city tax was improperly withheld; that no portion of the tax withheld has been or will be refunded to the employee; and that no adjustment has been or will be made in remitting taxes withheld to the City.

Name of Employer	Employer's Phone No.	Date
Official's Printed Name	Official's Signature	Title

BUSINESS ALLOCATION FORMULA

1. Average original cost of all real and tangible personal property owned or used by the taxpayer in the business or profession wherever situated except leased or rented real property 1. _____
2. Annual rental on rented and leased real property used by the taxpayer wherever situated (multiple by 8) 2. _____
3. Combine Line 1 and 2 3. _____
4. All Gross receipts from sales made or services performed wherever made or performed 4. _____
5. All wages, salaries and other compensation paid to employees wherever their services are performed except compensation exempt from municipal taxation under O.R.C 718.011 5. _____

City		Column A Property	Column B Gross Receipts	Column C Wages	Column D Average %	Column E Allocated Net Profits
JTW JEDD	a	\$	\$	\$	%	\$
	b	%	%	%		
Everywhere Else	a	\$	\$	\$	%	\$
	b	%	%	%		

WORKSHEET B

OTHER TAXABLE INCOME

	PROFIT	LOSS
A PROFIT/LOSS FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C).....	_____	_____
B PROFIT/LOSS FROM ANY RENTAL INCOME AND/OR FARM INCOME (ATTACH FEDERAL SCHEDULE E OR F)	_____	_____
C PROFIT/LOSS NON-WHITEHALL PARTNERSHIP (RESIDENTS ONLY)(ATTACH SCHEDULE E)	_____	_____
D OTHER INCOME (EXPLAIN SOURCE/ATTACH DOCUMENTATION)	_____	_____
REPORT TOTAL PROFITS ONLY HERE AND ON PAGE 3	_____	_____

IMPORTANT: LOSSES FROM ONE BUSINESS ACTIVITY CANNOT OFFSET PROFIT FROM UNRELATED BUSINESS ACTIVITY. LOSSES MAY BE CARRIED FORWARD A MAXIMUM OF 5 YEARS TO OFFSET FUTURE PROFITS(S) ON THE SAME BUSINESS ACTIVITY (2017-2021 LIMITED TO 50%)