Franklin-Kent JEDD
Form EQR-JB

# EMPLOYER'S RETURN OF TAX WITHHELD

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

Signed: _____

Official Title: _____

Date: _____

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

Due Dates:

QUARTERLY:

| | |
|---|---|
| JAN-FEB-MAR | APRIL 15 |
| APR-MAY-JUN | JULY 15 |
| JULY-AUG-SEP | OCT. 15 |
| OCT-NOV-DEC | JAN. 15 |

MONTHLY:
DUE BY THE 15TH OF THE FOLLOWING MONTH.

Please see instruction sheet for further information.

| | |
|---|---|
| Number of Taxable Employees | _____ |
| Total Employee Wages Subject to JEDD Income Tax | $ _____ |
| Actual Tax Withheld | $ _____ |
| Adjustments (Attach explanation) | $ _____ |
| Penalty (See Below) | $ _____ |
| Interest (See Below) | $ _____ |
| Total (Due And Payable With Return) | $ _____ |

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

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

MAIL TO: Franklin-Kent JEDD
319 S Water St
Kent, OH 44240

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 _____

Total W2 Wages _____

2.00% of Total Wages _____ *

| | |
|---|---|
| 1st Quarter | _____ |
| 2nd Quarter | _____ |
| 3rd Quarter | _____ |
| 4th Quarter | _____ |
| Total Sent In | _____ * |

* Should Balance