

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:
BRIMFIELD-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.

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: Brimfield-Kent JEDD
319 S Water St
Kent, OH 44240

Please see instruction sheet for further information.

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