

HARPERSFIELD GENEVA JEDD

JEDD INCOME TAX BUSINESS RETURN

--- FOR TAX OFFICE USE ONLY ---

Check the appropriate box for:
REFUND (If no amount shows on Line 12
 this will not be considered a valid request.)
EXTENSION ATTACHED

Filing Status - check only one:
 Self-employment (attach Schedule C)
 Rentals (attach Schedule E & 4797 if used)
 C Corp (attach Form 1120 complete)
 S Corp (attach Form 1120S complete)
 Partnership (attach Form 1065 complete)
 Other _____ (attach federal return)

FEDERAL EIN _____

FISCAL FILERS
 Fiscal period _____ to _____
 FISCAL YEAR IS YEAR WHEN FISCAL TERM ENDS

DATE MOVED IN OR OUT OF JEDD
 IN OUT DATE _____

LOCATION OF JEDD ACTIVITY IF OTHER THAN ADDRESS SHOWN AT RIGHT:

ACCOUNT NUMBER _____ TAX YEAR _____

DUE BY _____ DAYTIME PHONE NUMBER _____

Name & Address: If incorrect or missing, please print or type the correct information in the space below.

Check The Proper JEDD ONLY ONE JEDD PER RETURN

HARPERSFIELD GENEVA JEDD I
 HARPERSFIELD GENEVA JEDD II

1. Enter JEDD Net Profit (Line 7 from Worksheet X) – If the business had a loss, enter zero.....
2. Amount allocable to the JEDD [_____ %] (If 100%, enter Line 1. Otherwise, enter total from Worksheet Y Line 6).
3. Allowable Net Loss Carryforward from Worksheet F (figure cannot exceed amount on Line 2)....
4. Adjusted Net Income subject to the JEDD tax (subtract Line 3 from Line 2)
5. JEDD Income Tax 1.50% of Line 4
6. Estimated payments made for this tax year (do not include penalty & interest payments)
7. Amount of prior year credits
8. Total credits allowable (add Lines 6 & 7)
9. Balance due (subtract Line 8 from Line 5) **PAYMENT IS REQUIRED WITH RETURN**

1.		
2.		
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Make check payable to the proper JEDD and write your JEDD tax account number on check
 Mail to **HARPERSFIELD GENEVA JEDD 44 NORTH FOREST STREET GENEVA OHIO 44041**
 No taxes, refunds or credits of \$1.00 or less will be collected, refunded or allowed.

10. If Line 8 is greater than Line 5, enter the difference here.....
 Disburse as follows: 11. CREDIT APPLIED TO NEXT YEAR.....
 12. REFUND (PLEASE CHECK REFUND BOX ABOVE & ON RETURN ENVELOPE)

Website address: www.coveredbridgedevlopermentdistrict.com
www.genevaohio.com
 JEDD phone number: 440-466-3913 JEDD fax number: 440-466-0685

If you used the services of a tax preparer, the Income Tax Division may need to discuss your tax return, estimated payments and federal schedules with him or her.

CHECK THE FOLLOWING BOX IF YOU WISH TO ALLOW US TO DISCUSS YOUR JEDD TAX RETURN WITH YOUR PREPARER.

Under penalties of perjury, the undersigned declares that this return (and accompanying schedules) is a true, correct and complete income tax return for the taxable period stated, and that the figures used are the same as used for Federal income tax purposes.

SIGNATURE OF OFFICER _____ DATE _____

PRINT NAME OF OFFICER _____

PAID PREPARER _____

PAID PREPARER - PRINT OR TYPE NAME _____ PHONE # _____

DATE _____

PREPARER SS# / FED ID# _____ PREPARER ADDRESS _____

WORKSHEET F		LOSS CARRYFORWARD CALCULATION					
		(Five year limit)					
(See Instructions)	5YRS PRIOR	4YRS PRIOR	3 YRS PRIOR	2 YRS PRIOR	1 YR PRIOR	TAX YR OF FILING	TOTAL
Unused Loss Carryforward							
Loss Used THIS YEAR (Enter Total on Line 3 above)							
Loss Carried Forward to NEXT TAX YEAR							

WORKSHEET X

Reconciliation with Federal Income Tax Return Per Ohio Revised Code 718.

1. Total all income that you have reported on federal Schedule C – Line 31, Schedule C-EZ – Line 3, and Schedule E – Line 22....	1	
2. Enter reported federal taxable income, before net operating losses and special deductions, per attached Federal return (Form 1120, Line 28; Form 1120S, Schedule K, Line 18; Form 1120A, Line 24; Form 1120-REIT, Line 20; Form 1065, Schedule K - Analysis of Net Income (Loss), Page 5 - Line 1; Form 1041, Line 17; or Form 990 T, Line 30)	2	
3. Add-backs to income - Items not deductible (from Line 8J below)	3	
4. Deductions to income - Items not taxable (from Line 9D below)	4	
5. Subtract Line 4 from Line 3 and enter the result here (If the result is a negative number, place it in brackets).....	5	
6. Other JEDD taxable income that is not shown on Federal return	6	
7. Adjusted net income (Add Line 1 or 2, to Lines 5 & 6). If result is greater than zero, enter on Line 1 of Page 1. If result is negative, enter in Worksheet F on Page 1, "TAX YR OF FILING" column (If allocating income, complete Worksheet Y below).....	7	

ITEMS NOT DEDUCTIBLE

8. A. Capital Losses (including Section 1221 and 1231 assets) - Enter as a positive number	8A		
B. 5% of Line 9B (If Section 1221 asset was disposed of in the current year, See Instructions)	8B		
C. Guaranteed payments to partners, retired partners, members or other owners (only include payments not already included in net profits figure shown above)	8C		
D. Taxes based on income (such as state and local income taxes)	8D		
E. Amounts paid or accrued to qualified retirement, health and life insurance plans on behalf of owners and owner employees of businesses, with the exception of C corporations	8E		
F. Charitable contributions in excess of 10%	8F		
G. 4797 "Recovery of Depreciation" from sale or exchange Section 1245 and 1250 property (See instructions)	8G		
H. REIT's and RIC's – Real estate investment trusts and regulated investment companies must add back all dividends, distributions or amounts set aside for the benefit of investors	8H		
I. Other expenses not deductible (attach documentation and/or explanation)	8I		
J. TOTAL ADDITIONS (enter here and on Line 3 above)	8J		

ITEMS NOT TAXABLE

9. A. Capital gains (including Section 1221 and 1231 assets)	9A		
B. Intangible income (Interest, dividends, patents, etc.)	9B		
C. Other exempt income (attach documentation and explanation)	9C		
D. TOTAL DEDUCTIONS (enter here and on Line 4 above)	9D		

Business Allocation	If there is business activity both inside and outside the JEDD use this 3-factor formula.		
	A. LOCATED EVERYWHERE	B. LOCATED IN JEDD	C. PERCENTAGE (B÷A)
1. Average original cost of real and tangible property	\$ _____	\$ _____	1
Gross annual rentals multiplied by 8	\$ _____	\$ _____	
Total of Step 1	\$ _____	\$ _____	
2. Total wages, salaries, commissions and other compensation paid to all employees	\$ _____	\$ _____	2
3. Gross receipts from sales and work or services performed	\$ _____	\$ _____	3
4. Total of percentages			4
5. Average percentage (Divide total percentages by number of percentages used.)			5
6. Multiply Line 5 times Line 7 of Worksheet X, and enter the result here. If result is greater than zero, enter this amount on Line 2 of Page 1. If result is less than zero, enter this amount in Worksheet F on Page 1 in the "TAX YR OF FILING" column. This loss may be carried forward.....			6

WORKSHEET W

Reconciling Wages, Salaries & Other Compensation (Complete if you had JEDD employees)

1. Total wages allocated to JEDD (from Federal Return or Business Allocation, Worksheet Y above, Line 2, Column B)	
2. Total JEDD wages shown on Form JW-3 (Withholding Reconciliation) JEDD Withholding Account # 2- _____ - _____	
Explain any difference:	
Were there any employees that you leased, during the year covered by this return? _____ YES _____ NO If YES, how many? _____	
NAME OF LEASING COMPANY	FEDERAL EIN
MAILING ADDRESS	

