

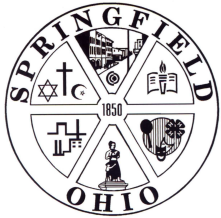
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Rev. 12/21/10

JEDD QUARTERLY EMPLOYER MUNICIPAL WITHHOLDING BOOKLET



JEDD

CITY OF SPRINGFIELD
INCOME TAX DIVISION
76 E HIGH STREET
SPRINGFIELD, OH 45502
937/324-7357

**IMPORTANT TAX INFORMATION
THIS BOOK CONTAINS:**

INSTRUCTIONS AND WITHHOLDING VOUCHERS
INSTRUCTIONS AND ANNUAL WITHHOLDING TAX
RECONCILIATION FORM

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INSTRUCTIONS FOR FORM JEDD QW-1

JEDD – EMPLOYER’S RETURN OF TAX WITHHOLD Income Tax Division, PO Box 5200, Springfield, OH 45501-5200 • 937/324-7357

The AMOUNT ENCLOSED is the gross compensation of all your employees multiplied by the tax rate 1%.

Qualifying wages for withholding are defined by the Ohio Revised Code Sec. 718.03. An employer is required to withhold only on ‘qualifying wages”, which are wages as defined in the Internal Revenue Code Sec. 3121(a), generally the Medicare Wage Box of the W-2 form.

Payments may be made electronically (please call 937/328-3402 to set up), or online at:

<https://www.municconnect.com/springfieldoh/>

Withholding taxes must be received by the City of Springfield Income Tax Division Office on or before the due date. If withholding payments are received (postmarked) after the due date, the following penalties and interest will be imposed in compliance with the City of Springfield Ordinances.

PENALTIES: **10%** if paid during the first month, **15%** if paid during the second month, **20%** if paid during the third month, and **25%** if paid more than three months after becoming due.

INTEREST: **1%** per month on all unpaid taxes.

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INSTRUCTIONS FOR FORM JEDD QW-1

JEDD – EMPLOYER’S RETURN OF TAX WITHHOLD
Income Tax Division, PO Box 5200, Springfield, OH 45501-5200 • 937/324-7357

Copies of W-2’s of all employees subject to **JEDD** Income Tax must accompany this form. W-2’s must be in alphabetical order or sorted by social security number.

Employers with more than 250 employees may submit W-2 information on a diskette using the Social Security Administrators MMRED-1 filing requirements. Please contact our office for more detailed instructions.

If non-employee compensation was paid for work performed in Springfield, copies of 1099-MISC must also be submitted.

FILING DEADLINE: FEBRUARY 28
(MARCH 31 FOR ELECTRONIC FILING)

If you terminate all your employees before December 31, this reconciliation must be filed within thirty (30) days after the last payment of wages.

FORM JEDD QW-1, Page 3

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JEDD EMPLOYER'S RETURN OF TAX WITHHELD

YEAR _____ **PERIOD** _____ **AMOUNT ENCLOSED** _____
TAX RATE 1%

_____ **1ST QUARTER** \$ _____

DUE ON OR BEFORE APRIL 30

IS THIS A COURTESY WITHHOLDING? .. YES NO

IS THIS A FINAL RETURN? YES NO

IF YES, EXPLAIN ON REVERSE SIDE.

MAKE CHECK PAYABLE TO AND MAIL TO:

CITY OF SPRINGFIELD - JEDD
P O BOX 5200
SPRINGFIELD, OH 45501-5200

AUTHORIZED SIGNATURE _____

PRINT OR TYPE NAME _____

OFFICIAL TITLE _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

FEDERAL I.D. _____

COMPANY NAME _____

ADDRESS _____

CITY, ST, ZIP _____

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JEDD EMPLOYER'S RETURN OF TAX WITHHELD

YEAR _____ **PERIOD** _____ **AMOUNT ENCLOSED**
TAX RATE 1%

_____ **2ND QUARTER** \$ _____

DUE ON OR BEFORE JULY 31

IS THIS A COURTESY WITHHOLDING? .. YES NO

IS THIS A FINAL RETURN? YES NO

IF YES, EXPLAIN ON REVERSE SIDE.

MAKE CHECK PAYABLE TO AND MAIL TO:

CITY OF SPRINGFIELD - JEDD
P O BOX 5200
SPRINGFIELD, OH 45501-5200

AUTHORIZED SIGNATURE _____

PRINT OR TYPE NAME _____

OFFICIAL TITLE _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

FEDERAL I.D. _____

COMPANY NAME _____

ADDRESS _____

CITY, ST, ZIP _____

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JEDD EMPLOYER'S RETURN OF TAX WITHHELD

YEAR _____ **PERIOD** _____ **AMOUNT ENCLOSED** _____
TAX RATE 1%

_____ **3RD QUARTER** \$ _____

DUE ON OR BEFORE OCTOBER 31

IS THIS A COURTESY WITHHOLDING? .. YES NO

IS THIS A FINAL RETURN? YES NO

IF YES, EXPLAIN ON REVERSE SIDE.

MAKE CHECK PAYABLE TO AND MAIL TO:

CITY OF SPRINGFIELD - JEDD
P O BOX 5200
SPRINGFIELD, OH 45501-5200

AUTHORIZED SIGNATURE _____

PRINT OR TYPE NAME _____

OFFICIAL TITLE _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

FEDERAL I.D. _____

COMPANY NAME _____

ADDRESS _____

CITY, ST, ZIP _____

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JEDD EMPLOYER'S RETURN OF TAX WITHHELD

YEAR	PERIOD	AMOUNT ENCLOSED	AUTHORIZED SIGNATURE _____
_____	4TH QUARTER	TAX RATE 1%	PRINT OR TYPE NAME _____
		\$ _____	OFFICIAL TITLE _____
DUE ON OR BEFORE JANUARY 31			TELEPHONE NUMBER _____
IS THIS A COURTESY WITHHOLDING? .. <input type="checkbox"/> YES <input type="checkbox"/> NO			E-MAIL ADDRESS _____
IS THIS A FINAL RETURN? <input type="checkbox"/> YES <input type="checkbox"/> NO			FEDERAL I.D. _____
IF YES, EXPLAIN ON REVERSE SIDE.			
MAKE CHECK PAYABLE TO AND MAIL TO:			
CITY OF SPRINGFIELD - JEDD			
P O BOX 5200			
SPRINGFIELD, OH 45501-5200			
			COMPANY NAME _____
			ADDRESS _____
			CITY, ST, ZIP _____

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JEDD EMPLOYER'S RECONCILIATION (W-3) & W-2's

We withheld taxes as a courtesy. We have no employees working in the City of Springfield.

Final return. Explain on reverse side.

- 1. Total number of employees _____
- 2. Total payroll for the year _____
- 3. Less payroll not subject to tax _____
(Must include explanation on the reverse)
- 4. Payroll subject to tax _____
- 5. Withholding liability at 1% of line 4 _____
- 7. Overpayment credited to next year * _____
* Refund not issued unless requested. Attach explanation.
- 8. OR, Additional tax due _____

- Springfield Income Tax Withheld for **TAX YEAR** _____
- 1st QTR ending April 30 _____
- 2nd QTR ending July 31 _____
- 3rd QTR ending October 31 _____
- 4th QTR ending January 31 _____
- 6. Total remitted for the year _____
(Must equal line 5. If not, include explanation on reverse.)

No taxes or credits of less than \$1.00 will be collected or refunded.
Original must be returned with W-2's and 1099's by February 28 –or–
if electronically filed, return by March 31.

Company Name _____

Authorized Signature _____

Print or type name _____

Official Title _____

Federal I.D. _____

Phone Number _____ Date _____

MAKE CHECK PAYABLE TO AND MAIL TO:

City of Springfield - JEDD
P O Box 5200
Springfield, OH 45501-5200

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WORKSHEET FOR YOUR RECORDS

QUARTER	MONTH ENDING	DUE DATE	CHECK NUMBER	DATE	AMOUNT PAID
1 ST	March 31	April 30			
2 ND	June 30	July 31			
3 RD	September 30	October 31			
4 TH	December 31	January 31			