JOINT ECONOMIC DEVELOPMENT DISTRICT (J.E.D.D.)
SPRINGFIELD-BECKLEY MUNICIPAL AIRPORT

Springfield Income Tax Division
76 E High Street
Springfield, OH 45502
Telephone: 937-324-7357 - Fax: 937-324-3471

2009 J.E.D.D INDIVIDUAL INCOME TAX RETURN

Due by April 15, 20010 or
Within 3-1/2 months after fiscal year end.

Taxpayer Name & Address

Social Security Number _____ - _____ - _____ or

Federal Identification Number _____ - _____

Phone Number _____

1. Total Taxable Income Earned in the J.E.D.D. $_____

2. J.E.D.D. Income Tax @ 1% (Multiply Line 1 by .01) $_____

3a. 2009 Estimated Payments Paid $_____

3b. Amount Withheld for J.E.D.D. (from your W-2) $_____

3c. Total of Estimated Payments and Withholding (line 3a. + line 3b.) $_____

4. Balance of Tax Due (line 2 minus line 3c.) (Disregard Amounts Under $1.00) $_____

5. Overpayment (if line 3c. exceeds line 2.)

5a. Refund…….$_____ 5b. Credit to 2010……..$_____

6. Total Estimated J.E.D.D. Tax due for 2010 $_____

7. Less Credit for Tax to be Withheld plus amount of line 5b. $_____

8. Net 2010 Estimated Tax (line 6. minus line 7.) $_____

9. Quarterly Amount Due (1/4 of line 8.) $_____

10. TOTAL AMOUNT DUE by April 15, 2009 (line 4. + line 9.) $_____

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes. If an audit of your Federal Income Tax return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

Signature Date

Preparer's Signature (other than taxpayer) Date

Address (and Zip Code)

METHOD OF PAYMENT

☐ Check ☐ Money Order **Make check or money order payable to: COMMISSIONER OF TAXATION (Mailing address above.)**

☐ Visa ☐ Master Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **CREDIT CARD EXPIRATION DATE ____/____/____ $_____**
(Amount Authorized)

_____ **PHONE NUMBER** _____**HOME**_____**WORK**
CARD HOLDER SIGNATURE