

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

Income Tax Division  
76 E High Street  
Springfield, Ohio 45502  
Telephone: (937) 324-7357  
Fax: (937) 328-3471  
www.springfieldohio.gov

**2019 J.E.D.D INDIVIDUAL INCOME TAX RETURN**  
Due by April 15, 2020

**Taxpayer Name & Address**

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Account 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. 2019 Estimated Payments Paid  |                                 |
|   | \$ _____                        |
| 3b. Amount Withheld for Springfield Beckley 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.) No tax due if \$10.00 or less         |                                 |
|   | \$ _____                        |
| 5. Overpayment (if line 3c. exceeds line 2.) No refund or credit if \$10.00 or less |                                 |
| 5a. Refund.....\$ _____   | 5b. Credit to 2020.....\$ _____ |
| 6. Total Estimated J.E.D.D. Tax due for 2020  |                                 |
|   | \$ _____                        |
| 7. Less Credit for Tax to be Withheld plus amount of line 5b.                       | \$ _____                        |
| 8. Net 2020 Estimated Tax Due (line 6. minus line 7.)                               | \$ _____                        |
| 9. 1 <sup>st</sup> Quarter 2020 Estimated Amount Due (1/4 of line 8.)               | \$ _____                        |
| 10. TOTAL AMOUNT DUE by April 15, 2020 (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, and if an audit of federal return is made which affects tax liability shown on this return, an amended return shall be filed within 3 months.

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer's Signature (other than taxpayer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address and Phone Number