

TECUMSEH JEDD

C/O City of Xenia
Income Tax Division
PO Box 490
Xenia, OH 45385-0490

Phone: 937-376-7248 (8:00-5:00, M-F, EST)

Fax: 937-376-8914

Email: tax@ci.xenia.oh.us

Website: www.eXplorexenia.com

IMPORTANT TAX INFORMATION

W-3 2018 RECONCILIATION

W-1 2018 WITHHOLDING RETURNS

**TECUMSEH JEDD (XENIA TOWNSHIP – CITY OF XENIA JEDD 1)
EMPLOYER’S WITHHOLDING BOOKLET**

FORM TECJEDD W-1 M

GENERAL INFORMATION

Each employer within the designated JEDD district or doing business within the designated JEDD district who employs one or more persons is required to withhold the tax of 2.25% from all compensation paid to employees at the time the compensation is paid and file form TECJEDD W-1 and remit the tax to:

Tecumseh JEDD

c/o City of Xenia Income Tax Division
PO Box 490
Xenia, OH 45385-0490

Monthly: All returns and payments are due on or before the fifteenth (15th) of each month for the amount withheld during the preceding month.

Quarterly: All returns and payments are due on or before the last day of the month following each calendar quarter for the amount withheld during the preceding quarter.

Delinquent payments shall be subject to penalty, interest and late filing charges as provided in the City of Xenia Tax Ordinance and Rules and Regulations. The Tecumseh JEDD is administered by and follows the City of Xenia Tax Ordinance and Rules and Regulations.

The failure of any employer to receive and procure form TECJEDD W-1 shall not excuse him/her from making this return or from remitting the tax withheld.

How to prepare this form:

- LINE 1** Enter the total compensation paid to all taxable employees during the period for which return is made. If not compensation was paid during the period, so indicate and return form TECJEDD W-1.
- LINE 2** Compute Tecumseh JEDD tax due (2.25% times payroll)
- LINE 3** Show any adjustments to tax due
- LINE 4** Enter amount remitted (Line 2 + Line 3)

EMPLOYER'S RETURN OF TAX WITHHELD – TECUMSEH JEDD AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	TECUMSEH JEDD
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF TECUMSEH JEDD TAX WITHHELD (2.25%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**01/2018**FOR THE PERIOD ENDING
JANUARY 2018DUE ON OR BEFORE
FEBRUARY 15, 2018

Notify the Xenia Division of Taxation promptly of any changes in ownership or name and address.

FORM TECJEDD W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
SHOWN BELOWMAKE CHECK PAYABLE TO
CITY OF XENIA

MAIL TO:
TECUMSEH JEDD
C/O CITY OF XENIA
 DIVISION OF TAXATION
 PO BOX 490
 XENIA, OH 45385-0490
 PHONE 937-376-7248
 FAX 937-376-8914
tax@ci.xenia.oh.us
www.eXploreXenia.com

Your cancelled check is your receipt.

EMPLOYER'S RETURN OF TAX WITHHELD – TECUMSEH JEDD

AMENDED (Attach Explanation)

RETURN WITH PAYMENT

	TECUMSEH JEDD
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF TECUMSEH JEDD TAX WITHHELD (2.25%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS

02/2018

FOR THE PERIOD ENDING
FEBRUARY 2018

DUE ON OR BEFORE
MARCH 15, 2018

Notify the Xenia Division of Taxation promptly of any changes in ownership or name and address.

FORM TECJEDD W-1 M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

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CITY OF XENIA

MAIL TO:
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EMPLOYER'S RETURN OF TAX WITHHELD – TECUMSEH JEDD

AMENDED (Attach Explanation)

RETURN WITH PAYMENT

	TECUMSEH JEDD
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF TECUMSEH JEDD TAX WITHHELD (2.25%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS

03/2018

FOR THE PERIOD ENDING
MARCH 2018

DUE ON OR BEFORE
APRIL 15, 2018

Notify the Xenia Division of Taxation promptly of any changes in ownership or name and address.

FORM TECJEDD W-1 M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

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EMPLOYER'S RETURN OF TAX WITHHELD – TECUMSEH JEDD

AMENDED (Attach Explanation)

RETURN WITH PAYMENT

	TECUMSEH JEDD
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF TECUMSEH JEDD TAX WITHHELD (2.25%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS

04/2018

FOR THE PERIOD ENDING
APRIL 2018

DUE ON OR BEFORE
MAY 15, 2018

Notify the Xenia Division of Taxation promptly of any changes in ownership or name and address.

FORM TECJEDD W-1 M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

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EMPLOYER'S RETURN OF TAX WITHHELD – TECUMSEH JEDD

AMENDED (Attach Explanation)

RETURN WITH PAYMENT

	TECUMSEH JEDD
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF TECUMSEH JEDD TAX WITHHELD (2.25%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS

05/2018

FOR THE PERIOD ENDING
MAY 2018

DUE ON OR BEFORE
JUNE 15, 2018

Notify the Xenia Division of Taxation promptly of any changes in ownership or name and address.

FORM TECJEDD W-1 M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

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EMPLOYER'S RETURN OF TAX WITHHELD – TECUMSEH JEDD AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	TECUMSEH JEDD
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF TECUMSEH JEDD TAX WITHHELD (2.25%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**06/2018**FOR THE PERIOD ENDING
JUNE 2018DUE ON OR BEFORE
JULY 15, 2018

Notify the Xenia Division of Taxation promptly of any changes in ownership or name and address.

FORM TECJEDD W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
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CITY OF XENIA**MAIL TO:****TECUMSEH JEDD**
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EMPLOYER'S RETURN OF TAX WITHHELD – TECUMSEH JEDD AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	TECUMSEH JEDD
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF TECUMSEH JEDD TAX WITHHELD (2.25%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**07/2018**FOR THE PERIOD ENDING
JULY 2018DUE ON OR BEFORE
AUGUST 15, 2018

Notify the Xenia Division of Taxation promptly of any changes in ownership or name and address.

FORM TECJEDD W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

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CITY OF XENIA**MAIL TO:****TECUMSEH JEDD**
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EMPLOYER'S RETURN OF TAX WITHHELD – TECUMSEH JEDD AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	TECUMSEH JEDD
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF TECUMSEH JEDD TAX WITHHELD (2.25%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**08/2018**FOR THE PERIOD ENDING
AUGUST 2018DUE ON OR BEFORE
SEPTEMBER 15, 2018

Notify the Xenia Division of Taxation promptly of any changes in ownership or name and address.

FORM TECJEDD W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

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CITY OF XENIA**MAIL TO:****TECUMSEH JEDD**
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EMPLOYER'S RETURN OF TAX WITHHELD – TECUMSEH JEDD AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	TECUMSEH JEDD
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF TECUMSEH JEDD TAX WITHHELD (2.25%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**09/2018**FOR THE PERIOD ENDING
SEPTEMBER 2018DUE ON OR BEFORE
OCTOBER 15, 2018

Notify the Xenia Division of Taxation promptly of any changes in ownership or name and address.

FORM TECJEDD W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
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CITY OF XENIA**MAIL TO:****TECUMSEH JEDD**
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DIVISION OF TAXATION
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EMPLOYER'S RETURN OF TAX WITHHELD – TECUMSEH JEDD

AMENDED (Attach Explanation)

RETURN WITH PAYMENT

	TECUMSEH JEDD
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF TECUMSEH JEDD TAX WITHHELD (2.25%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS

10/2018

FOR THE PERIOD ENDING
OCTOBER 2018

DUE ON OR BEFORE
NOVEMBER 15, 2018

Notify the Xenia Division of Taxation promptly of any changes in ownership or name and address.

FORM TECJEDD W-1 M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

**MAKE CHECK PAYABLE TO
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EMPLOYER'S RETURN OF TAX WITHHELD – TECUMSEH JEDD

AMENDED (Attach Explanation)

RETURN WITH PAYMENT

	TECUMSEH JEDD
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF TECUMSEH JEDD TAX WITHHELD (2.25%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS

11/2018

FOR THE PERIOD ENDING
NOVEMBER 2018

DUE ON OR BEFORE
DECEMBER 15, 2018

Notify the Xenia Division of Taxation promptly of any changes in ownership or name and address.

FORM TECJEDD W-1 M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

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EMPLOYER'S RETURN OF TAX WITHHELD – TECUMSEH JEDD AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	TECUMSEH JEDD
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF TECUMSEH JEDD TAX WITHHELD (2.25%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**12/2018**FOR THE PERIOD ENDING
DECEMBER 2018DUE ON OR BEFORE
JANUARY 15, 2019

Notify the Xenia Division of Taxation promptly of any changes in ownership or name and address.

FORM TECJEDD W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
SHOWN BELOWMAKE CHECK PAYABLE TO
CITY OF XENIA**MAIL TO:****TECUMSEH JEDD**
C/O CITY OF XENIA
DIVISION OF TAXATION
PO BOX 490
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GENERAL INFORMATION

On or before February 28 of each year, each employer must file a withholding reconciliation on Form TECJEDD W-3. A text file on CD (file specifications are available at our website www.eXploreXenia.com) containing W-2 information or copies of W-2 forms applicable to the reconciliation must be provided with the completed TECJEDD W-3 form. All W-2s must furnish the name, address, social security number, gross wages, city tax withheld, name of city or JEDD for which tax was withheld, and any other compensation paid to the individual. If copies of W-2 forms are not available, each employer must provide a listing of the W-2 form. The listing must contain the same information as required on the W-2 form.

SPECIFIC FILING INFORMATION

The Form TECJEDD W-3 must show a breakdown of all withholding payments, made either quarterly or monthly in the boxes provided. The amount paid and the amount withheld should be equal. If they are not equal, attach an explanation for any discrepancy.

If a balance due is indicated, the amount must be paid on or before February 28. If an overpayment is indicated, amended returns for the month or quarter in which the overpayment occurred must be filed to obtain a refund.

The completed form TECJEDD W-3 and the electronic W-2 file or paper W-2s must be submitted to:

Tecumseh JEDD
C/O City of Xenia
Income Tax Division
PO Box 490
Xenia, OH 45385-0490

...on or before February 28 of each year.

For assistance, contact the Xenia Income Tax Division at 937-376-7248.

FORM TECJEDD W-3

TECUMSEH JEDD TAX RECONCILIATION
SUBMIT BY FEBRUARY 28

An electronic text file or paper W-2s must be included

MAIL TO **TECUMSEH JEDD**
 c/o City of Xenia Income Tax Division
 PO Box 490
 Xenia, OH 45385-0490

FOR TAX YEAR ENDING 2018 **DUE FEBRUARY 28, 2019**

PAYMENT ENCLOSED

REFUND REQUESTED*

* If an overpayment is indicated, amended returns for the month or quarter in which the overpayment occurred must be filed to obtain a refund.

BUSINESS NAME AND ADDRESS

JANUARY	JULY	1. TOTAL NUMBER OF W-2s ATTACHED	_____
FEBRUARY	AUGUST	2. TOTAL PAYROLL FOR YEAR	\$ _____
MARCH	SEPTEMBER	3. LESS PAYROLL NOT SUBJECT TO TAX	\$ _____
1 ST QUARTER	3 RD QUARTER	4. PAYROLL SUBJECT TO TAX	\$ _____
APRIL	OCTOBER	5. WITHHOLDING LIABILITY @ 2.25% OF LINE 4	\$ _____
MAY	NOVEMBER	<i>No refund with this form. See instructions</i>	
JUNE	DECEMBER	6. AVERAGE # OF EMPLOYEES	_____
2 ND QUARTER	4 TH QUARTER		

I hereby certify that the information and statements contained herein are true and correct.

Signed _____ Title _____

Federal ID No. _____ Date _____

Phone no. _____

WITHHOLDING TAX WORKSHEET

(Keep for your records – Do not file)

Month Ending	Due Date	Check Number	Date	Amount
1/31	2/15	_____	_____	_____
2/28	3/15	_____	_____	_____
3/31	4/15	_____	_____	_____
or 1 st qtr	4/15	_____	_____	_____
4/30	5/15	_____	_____	_____
5/31	6/15	_____	_____	_____
6/30	7/15	_____	_____	_____
or 2 nd qtr	7/15	_____	_____	_____

FORM TECJEDD W-1 M**WITHHOLDING TAX WORKSHEET**

(Keep for your records – Do not file)

Month Ending	Due Date	Check Number	Date	Amount
7/31	8/15	_____	_____	_____
8/31	9/15	_____	_____	_____
9/30	10/15	_____	_____	_____
or 3 rd qtr	10/15	_____	_____	_____
10/31	11/15	_____	_____	_____
11/30	12/15	_____	_____	_____
12/31	1/15	_____	_____	_____
or 4 th qtr	1/15	_____	_____	_____