

BLENDON JEDZ
Income Tax Department
PO BOX 636
WESTERVILLE, OH 43086-0636
Phone (614)901-6420 / FAX (614)901-6820

2017

FOR TAX OFFICE USE ONLY

BUSINESS - FORM R

AMOUNT PAID WITH THIS RETURN

BLENDON JEDZ INCOME TAX

Check Cash Money Order

FILING REQUIRED EVEN IF NO TAX DUE

DUE ON OR BEFORE APRIL 17 OR WITHIN
3 1/2 MONTHS FROM END OF FISCAL YEAR

Check No. _____

Audited by _____

NAME, ADDRESS AND EMAIL:

Principal Business Activity _____

Corporation S Corporation Partnership Other

Federal ID No _____

Local Blendon JEDZ Address (if different from mailing address)

Fiscal Year Beginning _____ 20 _____ and ending _____ 20 _____

Should this account be inactive? Yes No

If yes, attach explanation

INCOME

1. ADJUSTED FEDERAL TAXABLE INCOME (Form 1120, line 28; 1120S, Schedule K, line 17e; Form 1120A, line 24; Form 1065, line 1; Form 1041, line 17 or the equivalent)\$ _____

2. a. Items not deductible (from line I Schedule X on page 2) ADD \$ _____

ADJUST- b. Items not taxable (from line O Schedule X on page 2) DEDUCT \$ _____

MENTS c. Difference between 2a and 2b to be added or subtracted from line 1\$ _____

TO 3. a. ADJUSTED NET INCOME (line 1 plus or minus 2c if Schedule X is used)\$ _____

INCOME b. Amount of line 3a allocable _____% (from step 5 Schedule Y)\$ _____

4. AMOUNT SUBJECT TO BLENDON JEDZ INCOME TAX (line 3b)\$ _____

TAX 5. ~~TAX DUE~~ 2.00% OF LINE 4\$ _____

6. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENTS FROM PRIOR YEAR RETURN\$ _____

7. IF LINE 5 IS GREATER THAN LINE 6, payment of balance must accompany this return
Make remittance payable to the Blendon JEDZ\$ _____

8. IF LINE 6 IS GREATER THAN LINE 5, overpayment to be refunded \$(A) _____ or credited \$(B) _____ to next year
Penalty \$ _____ Interest \$ _____

IF LINE 7 OR 8 IS LESS THAN OR EQUAL TO \$ 10.00, NO PAYMENT DUE, NO REFUND ISSUED OR CREDIT CARRY FORWARD

DECLARATION OF ESTIMATED TAX

9. TOTAL INCOME SUBJECT TO TAX\$ _____

10. MULTIPLY LINE 9 BY 2.0% (.02) Blendon JEDZ tax declared\$ _____

11. LESS OVERPAYMENT CREDIT FROM PRIOR YEAR\$ _____

12. NET ESTIMATED TAX DUE (line 10 less line 11)\$ _____

13. AMOUNT PAID WITH THIS DECLARATION (not less than 25% of line 12)\$ _____

14. TOTAL OF THIS PAYMENT (Line 7 Plus Line 13)\$ _____

MAKE CHECKS PAYABLE TO THE BLENDON JEDZ

I certify that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which preparer has any knowledge.

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE

SIGNATURE OF TAXPAYER OR AGENT (REQUIRED) DATE

ADDRESS TELEPHONE NUMBER

TITLE IF SIGNING FOR A BUSINESS

SCHEDULE L

Loss Carry Forward Schedule

Year 20_____

- 1. Net operating loss allocable to Blendon JEDZ
- 2. Amount allowable is limited to 50% of line 1
- 3. Amount to be applied to Tax Year 2018

Please note that only the portion of loss allocable to Blendon JEDZ is to be carried forward for a maximum of 5 years.

SCHEDULE X

Reconciliation with Federal Tax Return Per O.R.C. 718

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property dispositions	\$ _____	J. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to the those described IRC 1245 or 1250)	\$ _____
B. Five percent of intangible income reported in letter K except that from IRC 1221 property dispositions	_____	K. Federally reported intangible income such as, but not limited to Interest, dividends, patent and copyright income	_____
C. Taxes based on Income	_____	L. Amount of Federal tax credit to the extent they have reduced corresponding operating expenses	_____
D. Guaranteed payments or accruals to or for current or former partners or members	_____	M. Not previously deducted IAC section 179 expense	_____
E. Federally deducted dividends distributions to REIT or RIC Investors	_____	N. Partnership, S Corp, LLC, Charitable contributions	_____
F. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans for owners or owner-employees of non-C Corp entities	_____	O. TOTAL (enter line 2b other side)	\$ _____
G. Rental activities by Partnerships, S Corps, LLCs, Trusts	_____		
H. Other	_____		
TOTAL (enter line 2a other side)	\$ _____		

SCHEDULE Y

Business Apportionment Formula

	a. LOCATED EVERYWHERE	b. LOCATED IN BLENDON JEDZ	c. PERCENTAGE (b / a)
STEP 1 Original cost of real and tangible personal property	_____	_____	
Gross annual rentals paid multiplied by 8	_____	_____	
TOTAL STEP 1	_____	_____	%
STEP 2 Gross receipts from sales made and/or work or services performed	_____	_____	%
STEP 3 Wages, salaries and other compensation paid	_____	_____	%
STEP 4 Total Percentages	_____	_____	%
STEP 5 Average percentage (Divide total percentages by number of percentages used) Carry to Line 3b Page 1			_____ %