BUSINESS

2022 - JEDD I - LIBERTY TOWNSHIP - 2022
TAXABLE PERIOD BEGINNING __________ AND ENDING __________
CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 18, 2023
FISCAL YEAR DUE ON 15TH DAY OF THE 4TH MONTH AFTER YEAR END
EXTENSION REQUESTS MUST BE ATTACHED TO YOUR RETURN.

TAXPAYERS NAME AND ADDRESS

CONSOLIDATED RETURN ☐  AMENDED RETURN ☐

SHOULD YOUR ACCOUNT BE INACTIVATED? YES ☐ NO ☐
IF YES, PLEASE EXPLAIN: ________________________________

FILING STATUS (CHECK ONE)
☐ CORPORATION  ☐ S-CORPORATION
☐ PARTNERSHIP  ☐ LLC
☐ FIDUCIARY (TRUSTS AND ESTATES)

BUSINESS TELEPHONE: ________________________________
EMAIL: ________________________________

OFFICE USE ONLY

1. Adjusted Federal Taxable Income (attach copy of Federal return) .................................. 1 $ ....................
2. Adjustments (from Line M, Schedule X) .............................................................. 2 $ ....................
3. Taxable income before apportionment (Line 1 plus/minus Line 2) ................................ 3 $ ....................
4. Pre-Allocated NOL ................................................................................................. 4 $ ....................
5. Apportionment percentage ..................................................................................... 5 $ ....................
6. Taxable income (Line 3 multiplied by Line 5) ....................................................... 6 $ ....................
7. Taxable income after NOL ....................................................................................... 7 $ ....................
8. Net loss carryforward (limited to 5 years) ............................................................. 8 $ ....................
9. Income subject to JEDD income tax (Line 6 minus Line 8) ................................. 9 $ ....................
10. Tax is 1.5% (.015%) of Line 9 .................................................................................. 10 $ ....................
11. Tax credits:
A. Estimated Payments 11A $ .................... B. Prior Year Overpayments 11B $ .................... Total tax credits (Lines 11A and 11B) 11C $ ....................
12. Balance Due (if Line 10 is greater than Line 11C) Line 10 minus Line 11C .............. 12 $ ....................

NO TAX DUE OR REFUNDED IF LESS THAN $10.01

13. Overpayment (if Line 10 is less than Line 11C) Line 11C minus Line 10 ................. 13 $ ....................
A. REFUND amount ................................................................. 13A $ ....................
B. CREDIT amount ................................................................. 13B $ ....................

DECLARATION OF ESTIMATED TAX FOR 2023

14. Total estimated income subject to tax (to avoid penalty, no less than Line 10) ............ 14 $ ....................
15. Estimated tax due (multiply Line 14 by 1.5% [.015]) if less than $200, estimated payments are not required 15 $ ....................
16. First quarter tax due before credits (at least 25% of Line 15) .................................... 16 $ ....................
17. Prior year tax credit from Line 13B above ............................................................ 17 $ ....................
18. Net estimated first quarter tax due with this return (Line 16 minus Line 17) ................ 18 $ ....................
   (If negative, enter zero)*
19. TOTAL TAX DUE (Lines 12 and 18) Make check payable to Middletown Income Tax Division 19 $ ....................

*First quarter estimated tax payments should be paid with this return. Subsequent estimated payments are due by the 15th day of the 6th, 9th and 12th months after the beginning of the taxable year.

The undersigned declares that this return (and accompanying schedule) is a true, correct and complete return of the taxable period stated and that the figures used herein are the same as used for Federal Tax purposes.

Signature of Taxpayer or Agent ______________________________________________________
Title _____________________________________________________ Date ________________
Name & address of person or firm preparing this return __________________________________

*Telephone number of the preparer __________________________________
May we discuss this return with the preparer? ☐ Yes ☐ No

FOR OFFICIAL USE ONLY - PENALTY & INTEREST

FAILURE TO PAY ESTIMATE BY Dec 15 $ ....................
FAILURE TO FILE BY APRIL 18 $ ....................
FAILURE TO PAY TAX DUE BY APRIL 18 $ ....................
INTEREST $ ....................
PENALTY $ ....................
TOTAL PENALTY & INTEREST $ ....................
GRAND TOTAL $ ....................
Schedule X - Reconciliation with Federal Income Tax Return

A. Capital Losses (Sec 1221 or 1231 included) $__________________
B. Taxes on or measured by net income $__________________
C. Expenses attributable to non-taxable income (5% of Line J) $__________________
D. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors $__________________
E. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, pension plans and life insurance plans for owners or owner-employees of non-C corp entities $__________________
F. Charitable contributions in excess of the 10% federal limit $__________________
G. Other (Explain) $__________________
H. Total additions $__________________
I. Capital gains (except 1245/1250 property dispositions) $__________________
J. Intangible income (interest, dividend, payments, copyrights) $__________________
K. Other income exempt (Explain) $__________________
L. Total Deductions $__________________
M. Deduct Line I, from Line H (and enter on Line 2) $__________________

Schedule Y - Business Apportionment Formula

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
- 4. Total percentages
- 5. Average percentages
(If 3 percentages used, divide by 3. If 2 percentages are used, divide by 2. If one percentage is used, divide by one.)

A. LOCATED EVERYWHERE
B. LOCATED IN THIS CITY
C. PERCENTAGE
(B ÷ A)

Leased Employees

Are any employees leased in the year covered by this return? ______ Yes ______ No
If yes, number of leased employees ______
If yes, please provide the name, address and FID number of the leasing company

IRS Audit

Has the IRS increased your income tax liability for any prior year? ______ Yes ______ No
If yes, has an amended City of Middletown return been filed? ______ Yes ______ No

Business Locations Within JEDD

<table>
<thead>
<tr>
<th>DBA NAME</th>
<th>DBA NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>ADDRESS</td>
</tr>
<tr>
<td>DBA NAME</td>
<td>DBA NAME</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>ADDRESS</td>
</tr>
</tbody>
</table>