2025

BERKSHIRE TOWNSHIP JEDD INDIVIDUAL INCOME TAX RETURN
DUE ON OR BEFORE APRIL 15, 2026

FOR OFFICE USE ONLY

_____
CASH MO CHECK _____

JEDD TAX ID			FILING STATUS SINGLE ☐ MARRIED FILING JOINTLY ☐ MARRIED FILING SEPARATELY ☐	
FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
SPOUSES FIRST NAME	MIDDLE NAME	SPOUSES LAST NAME	DATE OF BIRTH	SPOUSES SOCIAL SECURITY NUMBER
EMAIL ADDRESS				TELEPHONE NUMBER
CURRENT ADDRESS (NUMBER AND STREET)				APT. NO.
CITY		STATE	ZIP	
DID YOU MOVE IN OR OUT OF THE JEDD IN 2025? IF YES PROVIDE DATE:		PREVIOUS ADDRESS:		
TAXPAYER EMPLOYER (ATTACH SEPARATE SHEET IF NEEDED) FROM: TO:		SPOUSES EMPLOYER FROM: TO:		
LIST OTHER PERSONS, 18 YEARS OR OLDER, LIVING IN RESIDENCE:		IF RENTING YOUR HOME FROM OTHERS, GIVE NAME AND ADDRESS OF PROPERTY OWNER:		

☐ **CHECK THIS BOX IF YOUR ONLY INCOME WAS NON-TAXABLE/EXEMPT INCOME.** SEE INSTRUCTIONS FOR A LIST OF EXEMPT INCOME. SIGN AND DATE FORM AND RETURN IT WITH A COPY OF YOUR FEDERAL TAX RETURN.

2025 INCOME AND TAX

1. TOTAL W2 WAGES (USE W-2 BOX 5 OR 18, WHICHEVER IS HIGHER). **ATTACH W2 FORMS AND FEDERAL RETURN COPY** $ _____
1A. ADJUSTMENTS TO TAXABLE WAGES FROM JEDD TAX FORM, PAGE 2, LINES 18-20 ..... $ _____
2. OTHER TAXABLE INCOME (FROM JEDD TAX FORM, PAGE 2, LINE 16). ATTACH FEDERAL RETURN COPY AND ALL SCHEDULES. ..... $ _____
3. TOTAL TAXABLE INCOME (LINE 1 MINUS LINE 1A PLUS LINE 2). ..... $ _____
4. JEDD INCOME TAX LIABILITY (MULTIPLY LINE 3 BY .0185). ..... $ _____

2025 PAYMENTS AND CREDITS

5. A. TOTAL TAX WITHHELD BY EMPLOYERS FOR JEDD (W-2 BOX 19/JEDD)..... $ _____
B. CREDIT FOR TAX PAID OTHER CITIES FROM JEDD TAX FORM, PAGE 2, LINE 17 (RESIDENTS ONLY) ..... $ _____
C. CARRYOVER CREDITS FROM PRIOR YEARS ..... $ _____
D. ESTIMATED TAX PAYMENTS ..... $ _____
E. TOTAL PAYMENTS AND CREDITS (ADD LINES 5A THROUGH 5D) ..... $ _____
6. TOTAL 2025 TAX DUE (LINE 4 MINUS LINE 5E). ..... $ _____

IF THERE IS AN OVERPAYMENT MARK AMOUNT TO CREDIT TO 2025 $ _____ OR REFUND $ _____
NOTE: IF LINE 6 IS $10 OR LESS, NO PAYMENT DUE, NO REFUND ISSUED OR CREDIT CARRY FORWARD. REFUND WILL NOT BE ISSUED IF FORM IS NOT SIGNED.

2026 DECLARATION OF ESTIMATED TAX

COMPLETION OF THIS SECTION IS REQUIRED IF YOU WISH TO RECEIVE REMINDERS TO MAKE YOUR QUARTERLY ESTIMATED TAX PAYMENTS.

7. ESTIMATED TOTAL TAXABLE INCOME $ _____ MULTIPLIED BY .0185 ..... $ _____
8. LESS EXPECTED CREDITS FOR TAX TO BE WITHHELD ..... $ _____
9. DECLARATION FOR 2025 (LINE 7 LESS LINE 8) STOP HERE IF THE DECLARATION AMOUNT IS $200 OR LESS $ _____
10. OVERPAYMENT CREDIT FROM 2024 ..... $ _____
11. 2025 FIRST QUARTER PAYMENT DUE (25% OF LINE 9 MINUS LINE 10) ..... $ _____

12. TOTAL DUE BY APRIL 15 2025. LINE 6 PLUS LINE 11. CHECK PAYABLE TO CITY OF DELAWARE. ..... $ _____

NOTE: IF YOU ARE FILING YOUR RETURN AND/OR PAYING YOUR TAX AFTER THE ABOVE DUE DATE LATE PENALTY AND INTEREST CHARGES MAY APPLY AND WILL BE BILLED TO YOU BY THE TAX DEPARTMENT.

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. MAY THE CITY OF DELAWARE DISCUSS THIS RETURN WITH THE PREPARER SHOWN BELOW? YES NO

SIGNATURE OF PERSON PREPARING THE RETURN IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER

PRINTED NAME OF PERSON PREPARING THE RETURN SIGNATURE OF SPOUSE

PERSON PREPARING THE RETURN EMAIL ADDRESS AND PHONE

OTHER TAXABLE INCOME

		PROFIT	LOSS
A.	NET PROFIT/LOSS FROM ANY BUSINESS OWNED (ATTACH FEDERAL SCHEDULE C) ……		
B.	NET PROFIT/LOSS FROM ANY RENTAL AND/OR FARM INCOME (ATTACH SCHEDULE(S) E AND F) ……..		
C.	NET PROFIT/LOSS FROM NON-JEDD PARTNERSHIP (ATTACH FEDERAL SCHEDULE(S) E AND K-1)		
D.	OTHER INCOME (EXPLAIN SOURCE OR ATTACH SUPPORTING DOCUMENTATION) ……		
E.	REPORT TOTAL PROFIT/LOSS HERE ……		
16.	**REPORT NET PROFIT (ONLY) HERE AND ON LINE 2 ON FRONT OF FORM** ……		

CREDIT FOR TAXES PAID TO OTHER CITIES – USE THE BELOW SCHEDULE TO CALCULATE THE CREDIT

A PARTIAL CREDIT IS ALLOWED FOR TAXES DUE AND PAID TO ANOTHER CITY. THIS CREDIT IS THE LESSER OF .5 OF THE TAX PAID TO THE OTHER CITY OR .00925 OF THE INCOME TAXED BY THE OTHER CITY AND BERKSHIRE TOWNSHIP JEDD. YOU MUST TAKE EACH W-2 AND COMPUTE CREDIT INDIVIDUALLY.

PART-YEAR RESIDENTS MUST PRORATE CREDIT ON THE SAME BASIS AS PRORATED INCOME. ATTACH ALL W-2 FORMS AND/OR OTHER CITY RETURN TO SUPPORT TAXABLE INCOME AND TAX PAID. A REFUND OF TAX FROM ANOTHER CITY MUST REDUCE INCOME IN CALCUATION OF CREDIT. IF YOU RECEIVE A REFUND OF TAX PAID TO ANOTHER CITY AFTER YOU FILE YOUR JEDD RETURN YOU MUST FILE AN AMENDED JEDD RETURN WITHIN THIRTY DAYS OF RECEIVING THE OTHER CITY REFUND. INCLUDE A COPY OF THE OTHER CITY RETURN WITH YOUR AMENDED RETURN.

A	B	C	D	E	F
MUNICIPALITY	INCOME/WAGES TAXED BY OTHER CITY	COLUMN (B) X .00925	OTHER CITY TAX WITHHELD OR PAID	COLUMN (D) X .5	LESSER OF (C) OR (E)

17. TOTAL COLUMN F. ENTER AMOUNT HERE AND ON LINE 5B ON FRONT PAGE OF THIS FORM …… TOTAL: _____

ADJUSTMENTS TO TAXABLE WAGES

18. PART-YEAR RESIDENTS
    ENTER WAGES EARNED WHILE NOT A RESIDENT OF BERKSHIRE TOWNSHIP JEDD. ATTACH SEPARATE CALCULATION OR SUPPORTING DOCUMENTATION SUCH AS PAYSTUB. EMPLOYER VERIFICATION MAY BE REQUIRED.
    ENTER AMOUNT HERE AND ON LINE 1A ON FRONT PAGE OF THIS FORM …… _____
19. NON-RESIDENT OVER-THE-ROAD TRUCK DRIVERS
    MULTIPLY YOUR QUALIFYING WAGE BY 90% (.90). EMPLOYER MUST COMPLETE CERTIFICATION BELOW. NOTE: IF YOU ARE AN INTERSTATE TRUCK DRIVER REQUESTING A FULL REFUND OF JEDD TAX WITHHELD THE EMPLOYER MUST PROVIDE SEPARATE LETTER DETAILING THIS INFORMATION.
    ENTER AMOUNT HERE AND ON LINE 1A ON FRONT PAGE OF THIS FORM …… _____
20. NON-RESIDENT EMPLOYEES WHO WORKED PART OF THE YEAR OUTSIDE THE JEDD FOR WHICH YOUR EMPLOYER WITHHELD BERKSHIRE TOWNSHIP JEDD TAX IN ERROR
    A. TOTAL QUALIFYING WAGE FOR THE YEAR…… _____
    B. DIVIDE LINE A BY 260, OR TOTAL WORKDAYS IN A YEAR…… _____
    C. ENTER NUMBER OF DAYS WORKED OUTSIDE OF BERKSHIRE TOWNSHIP JEDD..... _____
    D. MULTIPLY B X C **ENTER AMOUNT HERE AND ON LINE 1A ON FRONT PAGE OF THIS FORM** …… _____

CERTIFICATION BY EMPLOYER REGARDING ADJUSTMENTS TO TAXABLE WAGES

EMPLOYER CERTIFICATION IS REQUIRED TO CLAIM ADJUSTMENTS ON LINE 19 OR 20 ABOVE. YOUR REQUEST FOR A REFUND WILL NOT BE CONSIDERED VALID WITHOUT A COMPLETED EMPLOYER CERTIFICATION. A SEPARATE CERTIFICATION IS REQUIRED FOR EACH JOB FOR WHICH YOU ARE CLAIMING ADJUSTMENTS ON LINE 19 OR 20 ABOVE.

I/WE CERTIFY THAT THE EMPLOYEE REFERENCED ON THIS FORM WAS EMPLOYED BY THE UNDERSIGNED DURING THE YEAR REFERENCED ON THIS TAX FORM; THAT THE EMPLOYEE WAS EITHER NOT WORKING INSIDE THE LIMITS OF THE JEDD OR JEDD TAX WAS IMPROPERLY WITHHELD; THAT NO PORTION OF THE TAX WITHHELD HAS BEEN OR WILL BE REFUNDED TO THE EMPLOYEE; AND THAT NO ADJUSTMENT HAS BEEN OR WILL BE MADE IN REMITTING TAXES WITHHELD TO THE JEDD.

NAME OF EMPLOYER EMPLOYERS PHONE NO. EMAIL

SIGNATURE DATE

PRINTED NAME TITLE