

**VILLAGE OF WEST JEFFERSON
INCOME TAX DEPARTMENT**

28 E Main St
West Jefferson, OH 43162
Telephone (614) 879-9757
Fax (614) 879-5338
www.wiohio.org

**APPLICATION FOR
EXTENSION OF TIME TO FILE
INCOME TAX RETURN**

For Calendar Year Ending December 31, _____ File this Form On or Before
or fiscal period _____ to _____ the Due Date of the Return

NAME(S) _____ SOCIAL SECURITY NO. OF TAXPAYER(S) OR FID # _____
The filing of a consolidated return will be permitted under the West Jefferson Income
Tax Ordinance No. 02-19
Indicate here if this is a consolidated return YES _____ NO _____
ADDRESS _____
CITY, STATE, ZIP _____

PLEASE NOTE File this form with the Village of West Jefferson on or before the due date of the return and pay any
amount you owe.
THIS IS NOT AN EXTENSION OF TIME TO PAY YOUR TAX

I request an automatic six month extension of time to file the Village of West Jefferson Income Tax for the tax year ending
Fiscal year filers enter extended due date.....

- 1. Total West Jefferson Tax liability, for tax year\$ _____
- 2. Total payments and credits.....(\$ _____)
- 3. Balance due. Subtract Line 2 from Line 1.....\$ _____

Complete the declaration of estimated taxes for tax year _____ if liability to the Village of West Jefferson will exceed \$100.00

- A. Estimated income subject to West Jefferson tax \$ _____
Estimated tax due: 1.0% times Line A.....\$ _____
- B. West Jefferson tax to be withheld by employer (INDIVIDUALS ONLY).....(\$ _____)
- C. DECLARATION OF ESTIMATED TAX DUE (Line A less Lines B)\$ _____
- 4. Amount of Declaration due. (Enter 22.5% of Line D)\$ _____
- 5. Total amount due. Add Lines 3 and 4.....\$ _____

**IN ORDER TO RECEIVE AN EXTENSION, YOU MUST PAY IN FULL THE BALANCE DUE WITH THIS FORM
SIGNATURE AND VERIFICATION**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my
knowledge and belief, it is true, correct and complete and, if prepared by someone other than the taxpayer, that I am authorized to
prepare this form.

Signature of Taxpayer or Authorized Representative _____ Date _____

Signature of Spouse _____ Date _____

INSTRUCTIONS

File this form with a copy of Federal Extension or letter to request an automatic six month extension from the due date of return.
To receive the extension you must:

- 1. Complete form correctly, and
- 2. File it by **DUE DATE** of your return, and
- 3. Pay all of the amount shown on line 5.

We will contact you only if your request is denied.

This form does not extend the time to pay taxes. If you do not pay the amount due by the regular due date, you will owe interest an penalty.
There is also a failure to file penalty that can be assessed. If you wish a return copy of the approved request, you must include a
self-addressed stamped envelope.