



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. .42 per month.....	6	
7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2024

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____
Title _____ Date _____
Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE APRIL 30, 2024

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF WEST JEFFERSON INCOME TAX
28 EAST MAIN STREET
WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name

And

Address

Period Ending JAN-FEB-MAR

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



1. Number of Taxable Employees.....	1	
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7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2024

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____
Title _____ Date _____
Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE JULY 31, 2024

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF WEST JEFFERSON INCOME TAX
28 EAST MAIN STREET
WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name

And

Address

Period Ending APR-MAY-JUN

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



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7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2024

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____
Title _____ Date _____
Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 31, 2024

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF WEST JEFFERSON INCOME TAX
28 EAST MAIN STREET
WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name

And

Address

Period Ending JUL-AUG-SEP

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



Tax Year 2024

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 31, 2025

MAKE CHECK OR MONEY ORDER TO: VILLAGE OF WEST JEFFERSON INCOME TAX 28 EAST MAIN STREET WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Table with 8 rows and 2 columns. Row 1: 1. Number of Taxable Employees. Row 2: 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. Row 3: 3. Taxable Earnings (from line 2). Row 4: 4. Actual Tax Withheld at 1.000 %. Row 5: 5. Adjustments of Tax for Prior Period. Row 6: 6. .42 per month. Row 7: 7. 50%. Row 8: 8. Total (Include Interest and Penalty if Due).

Name

And

Address

Period Ending OCT-NOV-DEC

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.