

1 Number of Taxable Employees
 2 Total Salaries, Wages, Commissions and other Compensation
 paid all employees

3 Taxable Earnings (from line 2)
 4 Actual Tax Withheld at 1 950 %
 5 Adjustments of Tax for Prior Period
 6 Interest 0 833
 7 Penalty 50%
 8 Total (Include Interest and Penalty if Due)

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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 FEBRUARY 15, 2024****MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

Voice 740-636-2342 Ext _____ Fax 740-636-2348

Period Ending JANUARY

TAX ID

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

1 Number of Taxable Employees
 2 Total Salaries Wages Commissions and other Compensation
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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 MARCH 15, 2024**

MAKE CHECK OR MONEY ORDER TO

JEFFERSON TWP-WASHINGTON CH JEDD
 % CITY OF WASHINGTON
 117 N MAIN ST
 WASHINGTON CH OH 43160

Voice 740-636-2342 Ext _____ Fax 740-636-2348

Name

And

Address

Period Ending FEBRUARY

TAX ID

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

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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 15, 2024**

MAKE CHECK OR MONEY ORDER TO

JEFFERSON TWP-WASHINGTON CH JEDD
 % CITY OF WASHINGTON
 117 N MAIN ST
 WASHINGTON CH OH 43160

Voice 740-636-2342 Ext _____ Fax 740-636-2348

Name

And

Address

Period Ending MARCH

TAX ID

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

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Tax Year 2024

I hereby certify that the information and statements contained here
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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE MAY 15, 2024**

MAKE CHECK OR MONEY ORDER TO

JEFFERSON TWP-WASHINGTON CH JEDD
 % CITY OF WASHINGTON
 117 N MAIN ST
 WASHINGTON CH OH 43160

Voice 740-636-2342 Ext _____ Fax 740-636-2348

Name

And

Address

Period Ending APRIL

TAX ID

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

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Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JUNE 15, 2024**

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

Voice 740-636-2342 Ext _____ Fax 740-636-2348

Name

And

Address

Period Ending MAY

TAX ID

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

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Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JULY 15, 2024**

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

Voice 740-636-2342 Ext _____ Fax 740-636-2348

Name

And

Address

Period Ending JUNE

TAX ID

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

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Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE AUGUST 15, 2024**

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

Voice 740-636-2342 Ext _____ Fax 740-636-2348

Name

And

Address

Period Ending JULY

TAX ID

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

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Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE SEPTEMBER 15, 2024**

MAKE CHECK OR MONEY ORDER TO

JEFFERSON TWP-WASHINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

Voice 740-636-2342 Ext _____ Fax 740-636-2348

Name

And

Address

Period Ending AUGUST

TAX ID

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

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Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE OCTOBER 15, 2024**

MAKE CHECK OR MONEY ORDER TO

JEFFERSON TWP-WASHINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

Voice 740-636-2342 Ext _____ Fax 740-636-2348

Name

And

Address

Period Ending SEPTEMBER

TAX ID

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

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Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE NOVEMBER 15, 2024**

MAKE CHECK OR MONEY ORDER TO

JEFFERSON TWP-WASHINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

Voice 740-636-2342 Ext _____ Fax 740-636-2348

Name

And

Address

Period Ending OCTOBER

TAX ID

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

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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 DECEMBER 15, 2024**

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

Voice 740-636-2342 Ext _____ Fax 740-636-2348

Name

And

Address

Period Ending NOVEMBER

TAX ID

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

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Tax Year 2024

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JANUARY 15, 2025**

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

Voice 740-636-2342 Ext _____ Fax 740-636-2348

Name

And

Address

Period Ending DECEMBER

TAX ID

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