

- 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)

1	
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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 30, 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 JAN-FEB-MAR

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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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE JULY 31, 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 APR-MAY-JUN

**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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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE OCTOBER 31, 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 JUL-AUG-SEP

**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 JANUARY 31, 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 OCT-NOV-DEC

**TAX ID**

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