

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

3 Taxable Earnings (from line 2)
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 6 Interest 0 833
 7 Penalty 50%
 8 Total (Include Interest and Penalty if Due)

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Name

And

Address

Tax Year 2025

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 JANUARY 18, 2025****MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHIINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

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

Period Ending JAN 15

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 paid all employees

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Name

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Tax Year 2025

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 3, 2025**MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHIINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

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

Period Ending JAN 31

TAX ID

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

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Name

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Address

Tax Year 2025

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE FEBRUARY 18, 2025**MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHIINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

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

Period Ending FEB 15

TAX ID

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

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Name

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Address

Tax Year 2025

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 3, 2025**MAKE CHECK OR MONEY ORDER TO:**

JEFFERSON TWP-WASHIINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

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

Period Ending FEB 28

TAX ID

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

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Tax Year 2025

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MARCH 18, 2025**

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTCH 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 MAR 15

TAX ID

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

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Tax Year 2025

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 3, 2025**

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTCH 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 MAR 31

TAX ID

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

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Tax Year 2025

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 18, 2025**

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTCH 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 15

TAX ID

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Tax Year 2025

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 MAY 3, 2025**

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTON 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 30

TAX ID

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

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Tax Year 2025

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE MAY 18, 2025**

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTON CH JEDD

% CITY OF WASHINGTON

117 N MAIN ST

WASHINGTON CH OH 43160

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

Name

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Period Ending MAY 15

TAX ID

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Tax Year 2025

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 JUNE 3, 2025**

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTON 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 31

TAX ID

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Tax Year 2025

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE JUNE 18, 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

Period Ending JUN 15

TAX ID

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Tax Year 2025

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 3, 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

Period Ending JUN 30

TAX ID

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Tax Year 2025

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 18, 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

Period Ending JUL 15

TAX ID

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Tax Year 2025
 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 3, 2025

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTON 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 31

TAX ID

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Tax Year 2025

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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 18, 2025

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTON 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 AUG 15

TAX ID

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Tax Year 2025

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 3, 2025

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTON 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 AUG 31

TAX ID

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Tax Year 2025

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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 18, 2025

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTON 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 SEP 15

TAX ID

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

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Tax Year 2025

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 3, 2025

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTON 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 SEP 30

TAX ID

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

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Tax Year 2025

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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 18, 2025

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTON 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 15

TAX ID

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

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Name

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Address

Period Ending OCT 31

TAX ID

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Name

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Address

Period Ending NOV 15

TAX ID

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

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Name

And

Address

Period Ending NOV 30

TAX ID

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Tax Year 2025

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 NOVEMBER 3, 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

Tax Year 2025

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE NOVEMBER 18, 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

Period Ending NOV 15

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Tax Year 2025

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE DECEMBER 3, 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

Period Ending NOV 30

TAX ID

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**THIS RETURN MUST BE FILED ON
 OR BEFORE DECEMBER 18, 2025**

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTON 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 DEC 15

TAX ID

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Tax Year 2025
 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 JANUARY 3, 2026**

MAKE CHECK OR MONEY ORDER TO:

JEFFERSON TWP-WASHIINGTON 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 DEC 31

TAX ID

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