

**BUSINESS - 2024**  
**INCOME TAX RETURN**  
**JEFFERSON TWP**

**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  
incometax@cityofwch.com

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

**Attach a copy of the Federal tax return along  
with applicable schedules.**

Federal ID#			
Business Telephone No			
Principal Business Activity NAICS Code			
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES			
INTO	/ /	OUT OF	/ /
CHECK ONE			
<input type="checkbox"/> CORPORATION		<input type="checkbox"/> ESTATE	
<input type="checkbox"/> SOLE PROPRIETOR		<input type="checkbox"/> TRUST	
<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> FIDUCIARY	
<input type="checkbox"/> S-CORPORATION			
<input type="checkbox"/> OTHER _____			

Name

And

Address

1 Total taxable income  
2 Adjustments (See Schedule X)  
3 Taxable income before allocation (Line 1 plus/minus lines 2)  
4 Allocation percentage (See Schedule Y)  
5 Adjusted Net Income (Multiply line 3 by line 4)  
6 Allocable Net Loss Carry Forward  
7 Jefferson Twp Taxable income (Line 5 minus Line 6)  
8 Jefferson Twp income tax (Multiply line 7 by 1.950%)  
9 Credits applied from previous year(s) to this year's liability  
10 Estimates paid on this year's liability  
11 Other credits  
12 Total credits (Total line 9, 10 and 11)  
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8 ) If greater than 10.01  
14 Penalty  
15 Interest  
16 Total due (Total line 13, 14 and 15)  
17 Overpayment ( Issued if greater than 10.01 )  
18 Amount to be refunded  
19 Amount to be credited to next year

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**Declaration of Estimate For 2025**

20 Total estimated income subject to tax  
21 Estimated tax due. (Multiply line 20 by 1.950%)  
22 Less credits (from 19 above)  
23 Net estimated tax due (subtract line 22 from line 21)  
24 Minimum amount due for first quarter (Multiply line 23 by 25%)

**Amount You Owe**25 Total amount due (add lines 16 and 24)

25
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only		
See instructions.		

Under penalties of perjury, I certify I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, complete, and that the figures used herein are the same as used for Federal Income Tax purposes

TaxPayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Tax Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If other than taxpayer)  
Phone No \_\_\_\_\_May JEDD OF JEFFERSON TWP discuss this return with the preparer shown above  Yes  No

1. Total Taxable income
2. Schedule X located at bottom of this page.
3. Add or subtract line 2 from line 1.
4. Schedule Y located at the bottom of this page.
5. Line 3 multiplied by line 4.
6. Allocable Net Loss Carry forward (Pre 2017 loss can be fully utilized; 2018-2022 only 50% of the loss can be utilized per House Bill 5.)  
See ORC 728.01)
7. Line 5 minus line 6
8. Line 7 multiplied by 1.95%.
9. Overpayment from prior year.
10. Estimate payments paid this year. (Please change to reflect any payments made after return was printed.)
11. Other credits - explain.
12. Add line 9, 10, and 11.
13. Subtract total credit from tax due. (Line 8) *(Payment is due for amounts greater than \$10.00.)*
14. -If tax return is filed late, penalty is \$25.00 for the 2024 tax year.  
-Penalty for failure to pay timely is 15% of the amount not paid timely.
15. -Interest is 10% per annum for the 2024 tax year.
16. Add line 13, 14, and 15 for total amount of tax due.
17. If line 11 is greater than line 16, this is the amount of overpayment.
18. Amount of line 17 you wish to have refunded. *(Amounts greater than \$10.00)*
19. Amount of line 17 you wish to have credited to 2025. *(Amounts greater than \$10.00)*

The due date is April 15 following the close of the calendar year. Fiscal year tax returns must be filed within four months from the end of the fiscal year.

#### EXTENSION REQUESTS

All extension requests must be filed by the due date of the return in writing complete with the name, address, federal ID # and must specify the length of time requested (not to exceed 6 months from original due date) or enclose a copy of the Federal extension.

#### Schedule X. Adjustments to income

Capital losses (From Federal Schedules)	\$ _____	Capital Gains (From Federal Schedule)	\$ _____
Expenses applicable to non-taxable income	\$ _____	Interest	\$ _____
Income Taxes	\$ _____	Dividends	\$ _____
Contributions (not a business expense)	\$ _____	Other income exempt from Jedd tax explain	\$ _____
Other (Explain)	\$ _____		
<b>TOTAL ADDITIONS</b>	<b>\$ _____</b>	<b>TOTAL DEDUCTIONS</b>	<b>\$ _____</b>

Subtract the deductions from the additions and enter the balance on line 2      \$ \_\_\_\_\_

#### Schedule Y. Business allocation formula

Located Everywhere      Located in JEDD

C Percentage  
(B÷A)

Step 1. Average value of real and tangible personal property	\$ _____	\$ _____	%
Gross annual rentals multiplied by 8	\$ _____	\$ _____	%
Total step 1	\$ _____	\$ _____	%
Step 2. Total wages, salaries, commissions, and other compensation of all employees	\$ _____	\$ _____	%
Step 3. Gross receipts from sales and work or service performed	\$ _____	\$ _____	%
Step 4. Total percentages			%
Step 5. Average percentage (Divide total percentages by number of percentages used.)			%