

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 1.750 %.....

5. Adjustments of Tax for Prior Period.....

6. Interest per month: 0.750%.....

7. Penalty: 50%.....

8. Total (Include Interest and Penalty if Due).....

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Name

And

Address

**Tax Year 2026**

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 APRIL 30, 2026****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

Fax 740-636-2348

Period Ending JAN-FEB-MAR

**TAX ID**

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

## FORM W1 1108

## EMPLOYER'S WITHHOLDING - QUARTERLY

1. Number of Taxable Employees.....  
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Name

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Address

**Tax Year 2026**

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, 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      Fax 740-636-2348

Period Ending APR-MAY-JUN

## TAX ID

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

## FORM W1 1108

## EMPLOYER'S WITHHOLDING - QUARTERLY

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Address

**Tax Year 2026**

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, 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      Fax 740-636-2348

Period Ending JUL-AUG-SEP

## TAX ID

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

## FORM W1 1108

## EMPLOYER'S WITHHOLDING - QUARTERLY

1. Number of Taxable Employees.....  
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Name

And

Address

**Tax Year 2026**

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, 2027****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      Fax 740-636-2348

Period Ending OCT-NOV-DEC

## TAX ID

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