

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 JANUARY 18, 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 15

TAX ID

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

FORM W1 1108

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

1. Number of Taxable Employees.....
 2. Total Salaries, Wages, Commissions and other Compensation
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Name

And

Address

Period Ending JAN 31

TAX ID

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

FORM W1 1108

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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Name

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Address

Period Ending FEB 15

TAX ID

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

FORM W1 1108

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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Name

And

Address

Period Ending FEB 28

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR 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 _____ Date _____

Title _____

Phone # _____

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

Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

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

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 MARCH 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 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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EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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**THIS RETURN MUST BE FILED ON
OR BEFORE MARCH 18, 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 MAR 15

TAX ID

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

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EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 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

Fax 740-636-2348

Period Ending MAR 31

TAX ID

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

FORM W1 1108

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 18, 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 15

TAX ID

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Tax Year 2026

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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE MAY 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

Fax 740-636-2348

Period Ending APR 30

TAX ID

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

1. Number of Taxable Employees.....	1
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Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE MAY 18, 2026

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 MAY 15

TAX ID

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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 JUNE 3, 2026

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 MAY 31

TAX ID

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

1. Number of Taxable Employees.....	1
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Period Ending JUN 15

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Period Ending JUN 30

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Name

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Address

Period Ending JUL 15

TAX ID

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Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE JUNE 18, 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

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TAX ID

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Tax Year 2026

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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE JULY 3, 2026

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

Voice 740-636-2342 Fax 740-636-2348

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Tax Year 2026

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THIS RETURN MUST BE FILED ON OR BEFORE JULY 18, 2026

JEFFERSON TWP-WASHINGTON CH JEDD
 % CITY OF WASHINGTON
 117 N MAIN ST
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Voice 740-636-2342 Fax 740-636-2348

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Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 3, 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 JUL 31

TAX ID

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Tax Year 2026

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Title _____ Date _____

Phone # _____

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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 AUG 15

TAX ID

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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.

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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 3, 2026

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 AUG 31

TAX ID

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

FORM W1 1108

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 18, 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 SEP 15

TAX ID

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Tax Year 2026

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Title _____ Date _____

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THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 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

Fax 740-636-2348

Period Ending SEP 30

TAX ID

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THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 18, 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 OCT 15

TAX ID

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FORM W1 1108

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Tax Year 2026

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Title _____ Date _____

Phone # _____

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

Name

And

Address

Period Ending OCT 31

TAX ID

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FORM W1 1108

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**THIS RETURN MUST BE FILED ON
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MAKE CHECK OR MONEY ORDER TO:

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 % CITY OF WASHINGTON
 117 N MAIN ST
 WASHINGTON CH OH 43160
 Voice 740-636-2342 Fax 740-636-2348

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Period Ending NOV 15

TAX ID

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Title _____ Date _____

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

Name

And

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Period Ending NOV 30

TAX ID

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OR BEFORE DECEMBER 18, 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

Name

And

Address

Period Ending DEC 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.....
 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).....

1		
2		
3		
4		
5		
6		
7		
8		

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 3, 2027**

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

Name

And

Address

Period Ending DEC 31

TAX ID

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