

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Actual Tax Withheld at 1.750 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. Interest per month: 0.750%.	6	
7. Penalty: 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

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 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.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
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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 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

Period Ending JAN 31

TAX ID

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

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

And

Address

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

Voice 740-636-2342

Fax 740-636-2348

Period Ending FEB 15

TAX ID

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

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
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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 MARCH 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 FEB 28

TAX ID

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

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
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Name

And

Address

Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

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

TAX ID

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

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
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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 APRIL 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 MAR 31

TAX ID

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

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

And

Address

Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 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 APR 15

TAX ID

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

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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 MAY 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 APR 30

TAX ID

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

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

And

Address

Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MAY 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 MAY 15

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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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 JUNE 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 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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And

Address

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

Period Ending JUN 15

TAX ID

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

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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 JULY 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 JUN 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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Name

And

Address

Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JULY 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 JUL 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.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Actual Tax Withheld at 1.750 %.	4	
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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 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

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.	1	
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3. Taxable Earnings (from line 2).	3	
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Name

And

Address

Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE AUGUST 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 AUG 15

TAX ID

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

FORM W1 1108

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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 SEPTEMBER 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 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

1. Number of Taxable Employees.	1	
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Name

And

Address

Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE SEPTEMBER 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 SEP 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.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
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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 OCTOBER 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 SEP 30

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.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
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Name

And

Address

Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE OCTOBER 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 OCT 15

TAX ID

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

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

And

Address

Tax Year 2026

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Signed _____

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

Period Ending OCT 31

TAX ID

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

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

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE NOVEMBER 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 NOV 15

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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Name

And

Address

Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

**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

Period Ending NOV 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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Name

And

Address

Tax Year 2026

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
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

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.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
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Tax Year 2026

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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

Period Ending DEC 31

TAX ID

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