

DECLARATION OF EXEMPTION

BUSINESS ONLY

VILLAGE OF WEST JEFFERSON

Income Tax Department

28 EAST MAIN STREET

WEST JEFFERSON OH 43162

Phone 614-879-9757 ~~ Fax 614-879-5338

Email: rarnott@westjeffersonohio.gov

*FID #/Account Number _____

*Company Name _____

*Local Address _____

*City _____ State _____ Zip Code _____

CHECK THE APPROPRIATE LINE

1. No business was conducted in the Village of West Jefferson in any part of the requested tax year.
2. The Company is a Courtesy Withholding Account Only.
3. Operations ceased in the Village of West Jefferson. **DATE CEASED** ____/____/____
4. Other _____

I hereby declare the information supplied above to be true, correct and complete.

*Printed Name _____

*Title _____

*Signature _____ Date _____

*Corporate Address (if different from above) _____

*Phone _____

*Date _____

RETURN COMPLETED FORM TO OUR OFFICE BY MAIL, FAX OR EMAIL.

***Items that MUST be completed on this form.**

THIS EXEMPTION FORM IS NOT VALID AND WILL NOT BE PROCESSED WITHOUT THE TAXPAYER'S SIGNATURE.