



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 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. .42 per month.....	6	
7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2020

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 15, 2020

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF WEST JEFFERSON INCOME TAX
 28 EAST MAIN STREET
 WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name _____
 And _____
 Address _____

Period Ending JANUARY

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	
4. Actual Tax Withheld at 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. .42 per month.....	6	
7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2020

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 15, 2020

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF WEST JEFFERSON INCOME TAX
 28 EAST MAIN STREET
 WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name _____
 And _____
 Address _____

Period Ending FEBRUARY

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	
4. Actual Tax Withheld at 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. .42 per month.....	6	
7. 50%.....	7	
8. Total (Include interest and Penalty if Due).....	8	

Tax Year 2020

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 15, 2020

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF WEST JEFFERSON INCOME TAX
 28 EAST MAIN STREET
 WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name _____
 And _____
 Address _____

Period Ending MARCH

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	
4. Actual Tax Withheld at 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. .42 per month.....	6	
7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2020

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 15, 2020

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF WEST JEFFERSON INCOME TAX
 28 EAST MAIN STREET
 WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name

And

Address

Period Ending APRIL

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	
4. Actual Tax Withheld at 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. .42 per month.....	6	
7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2020

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 15, 2020

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF WEST JEFFERSON INCOME TAX
 28 EAST MAIN STREET
 WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name

And

Address

Period Ending MAY

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	
4. Actual Tax Withheld at 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. .42 per month.....	6	
7. 50%.....	7	
8. Total (include Interest and Penalty if Due).....	8	

Tax Year 2020

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 15, 2020

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF WEST JEFFERSON INCOME TAX
 28 EAST MAIN STREET
 WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name

And

Address

Period Ending JUNE

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	
4. Actual Tax Withheld at 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. .42 per month.....	6	
7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2020

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 15, 2020

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF WEST JEFFERSON INCOME TAX
28 EAST MAIN STREET
WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name

And

Address

Period Ending JULY

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	
4. Actual Tax Withheld at 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. .42 per month.....	6	
7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2020

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 15, 2020

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF WEST JEFFERSON INCOME TAX
28 EAST MAIN STREET
WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name

And

Address

Period Ending AUGUST

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	
4. Actual Tax Withheld at 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. .42 per month.....	6	
7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2020

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 15, 2020

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF WEST JEFFERSON INCOME TAX
28 EAST MAIN STREET
WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name

And

Address

Period Ending SEPTEMBER

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	
4. Actual Tax Withheld at 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. .42 per month.....	6	
7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2020

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 NOVEMBER 15, 2020

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF WEST JEFFERSON INCOME TAX
 28 EAST MAIN STREET
 WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name

And

Address

Period Ending OCTOBER

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	
4. Actual Tax Withheld at 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. .42 per month.....	6	
7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2020

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 DECEMBER 15, 2020

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF WEST JEFFERSON INCOME TAX
 28 EAST MAIN STREET
 WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name

And

Address

Period Ending NOVEMBER

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	
4. Actual Tax Withheld at 1.000 %.....	4	
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6. .42 per month.....	6	
7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2020

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 15, 2021

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF WEST JEFFERSON INCOME TAX
 28 EAST MAIN STREET
 WEST JEFFERSON OH 43162-0048

Voice 614-879-9757 Ext Fax 614-879-5338

Name

And

Address

Period Ending DECEMBER

TAX ID

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