

Tax Year 2024

VILLAGE OF WEST JEFFERSON INCOME TAX DEPARTMENT

FORM W3 858 254878  
 EMPLOYER'S WITHHOLDING RECONCILIATION 00003

28 EAST MAIN STREET  
 WEST JEFFERSON OH 43162-0048



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

**DUE DATE 02/28/2025**

Name \_\_\_\_\_  
 And \_\_\_\_\_  
 Address \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_  
 NAME OF PERSON COMPLETING FORM \_\_\_\_\_  
 LOCAL PHONE NUMBER \_\_\_\_\_  
 NUMBER OF EMPLOYEES LISTED \_\_\_\_\_

**EMPLOYEE W2'S MUST ACCOMPANY THIS FORM**

**INSTRUCTIONS**

1. Attach check payable to Village of West Jefferson Income Tax Department, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) Tax Paid Per Your Records
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
<b>TOTALS</b>	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE \_\_\_\_\_

Employer - Explain any differences:

DIFFERENCE \_\_\_\_\_



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 2025**

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 30, 2025**

**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 JAN-FEB-MAR

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 2025**

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, 2025**

**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 APR-MAY-JUN

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 2025**

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, 2025**

**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 JUL-AUG-SEP

TAX ID

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



**Tax Year 2025**

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, 2026**

**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

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	

Name

And

Address

Period Ending OCT-NOV-DEC

TAX ID

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