



28 E Main Street  
 West Jefferson Ohio 43162  
 TELE: (614) 879-9757  
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 www.westjeffersonohio.gov

**VILLAGE OF WEST JEFFERSON  
 INCOME TAX RETURN  
 FOR THE CALENDAR YEAR 2024**

PRINT NAME, ADDRESS AND PHONE NUMBER

PRIMARY SOCIAL SECURITY

JOINT SOCIAL SECURITY

**W-2 COPIES MUST BE ATTACHED**

DECLARING EXEMPTION

Exemption Certificate on Pg. 2 Must Be Completed

IF YOU MOVED DURING THE TAX YEAR, COMPLETE THIS BLOCK

Date moved into West Jefferson \_\_\_\_\_  
 Previous Address \_\_\_\_\_  
 Date moved out of West Jefferson \_\_\_\_\_  
 Present Address \_\_\_\_\_

FOR INCOME TAX DEPARTMENT USE ONLY

TOTAL \_\_\_\_\_ AUD \_\_\_\_\_  
 PAID W/RETURN: \_\_\_\_\_ CK NO. \_\_\_\_\_  
 DUE \_\_\_\_\_ CR TO 2025 \_\_\_\_\_ REFUND \_\_\_\_\_

PDF (tax return)  
 available at: www.westjeffersonohio.gov

**PART YEAR RESIDENTS:** You should complete this form using only information on income received and taxes withheld or paid while living or working in West Jefferson.

**INCOME**

- 1. TOTAL W-2 WAGES (USE W-2 BOX 5 OR BOX 18, WHICHEVER IS HIGHER) ATTACH ALL W-2S & W2GS.....1 \$ \_\_\_\_\_ (Worksheet 1/Column C)
- 2. NON-WAGE TAXABLE INCOME (FROM WORKSHEET II LINE 5 ON BACK OF FORM,WORKSHEET III, LINE 16.)....2 \$ \_\_\_\_\_
- 3. TOTAL TAXABLE INCOME (ADD LINES 1 & 2.) .....3 \$ \_\_\_\_\_

**TAX**

- 4. WEST JEFFERSON TAX DUE BEFORE CREDITS (MULTIPLY LINE 3 BY 1%).....4 \$ \_\_\_\_\_

**CREDITS**

- 5. CREDIT FOR TAX WITHHELD FOR VILLAGE OF WEST JEFFERSON ONLY.....5 \$ \_\_\_\_\_
- 6. CREDIT FOR TAX PAID ON NON-WAGE INCOME (PAID TO WEST JEFFERSON ONLY).....6 \$ \_\_\_\_\_
- 7. 2024 ESTIMATED TAX PAYMENTS MADE TO THE CITY OF WEST JEFFERSON.....7 \$ \_\_\_\_\_  
 INCLUDES ANY OVERPAYMENT CARRIED FROM 2023 TO 2024.
- 8. TOTAL CREDITS (ADD LINES 5, 6 & 7.).....8 \$ \_\_\_\_\_
- 9. SUBTRACT LINE 8 FROM LINE 4. ....9 \$ \_\_\_\_\_

**OVERPAYMENT**

NO TAXES OF \$10.00 OR LESS SHALL BE REFUNDED OR CREDITED

- 10. ENTER THE OVERPAYMENT AMOUNT YOU WANT APPLIED TO YOUR 2025 ESTIMATED TAX. ....10 \$ \_\_\_\_\_
- 11. ENTER THE OVERPAYMENT AMOUNT YOU WANT REFUNDED. (ALLOW 90 DAYS FOR YOUR REFUND).....11 \$ \_\_\_\_\_

**BALANCE DUE**

- 12. IF THE AMOUNT ON LINE 9 IS GREATER THAN \$10.00, ENTER THAT AMOUNT HERE. THIS IS YOUR 2024 BALANCE DUE. ....12 \$ \_\_\_\_\_  
 THIS AMOUNT MUST BE PAID WITH THIS FORM ON OR BEFORE APRIL 15, 2025 OR THE IRS DUE DATE.
- 13. PENALTY AND INTEREST (SEE INSTRUCTIONS. LATE FILING PENALTY \$25).....13 \$ \_\_\_\_\_

**ESTIMATED INCOME TAX** (LEAVE LINES 14-20 BLANK IF YOU WANT THE CITY TO CALCULATE YOUR ESTIMATED TAX FOR 2025 BASED ON YOUR 2024)

- 14. ESTIMATED TAXABLE INCOME FOR 2025 TAX YEAR.....14 \$ \_\_\_\_\_
- 15. ESTIMATED TAX DUE (MULTIPLY LINE 14 BY 1%) .....15 \$ \_\_\_\_\_
- 16. TAXES TO BE WITHHELD AND PAID TO WEST JEFFERSON .....16 \$ \_\_\_\_\_
- 17. ESTIMATED TAX DUE FOR 2025 TAX YEAR (SUBTRACT LINE 16 FROM LINE 15.) .....17 \$ \_\_\_\_\_
- 18. FIRST QUARTER OF ESTIMATED TAX PAYABLE TO CITY OF WEST JEFFERSON (MULTIPLY LINE 17 BY 25%).....18 \$ \_\_\_\_\_
- 19. 2024 OVERPAYMENT (FROM LINE 10) APPLIED TO 2025 ESTIMATED TAXES. ....19 \$ \_\_\_\_\_
- 20. NET AMOUNT DUE FOR FIRST QUARTER 2025 (SUBTRACT LINE 19 FROM LINE 18.) .....20 \$ \_\_\_\_\_

**TOTAL AMOUNT DUE WITH FORM**

- 21. ADD LINES 12, 13 AND 20 AND ENTER THE SUM HERE. This is the total amount due with this form on or before April 15, 2025 or the IRS Due Date...21 \$ \_\_\_\_\_

Make checks payable to: **VILLAGE OF WEST JEFFERSON INCOME TAX DIVISION. MAIL TO: 28 EAST MAIN STREET, WEST JEFFERSON OH 43162**

**I AUTHORIZE THE INCOME TAX DIVISION TO DISCUSS MY ACCOUNT WITH THE PREPARER NAMED BELOW. CHECK HERE**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE.  
 DECLARATION OF PREPARER (OTHER THAN TAXPAYER) IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

\_\_\_\_\_  
 SIGNATURE OF TAXPAYER DATE

\_\_\_\_\_  
 SIGNATURE OF TAXPAYER'S SPOUSE (IF JOINT RETURN) DATE

\_\_\_\_\_  
 SIGNATURE OF PERSON (AND FIRM) PREPARING RETURN, ADDRESS & PHONE NO.

Cash  Check  Money Order  
 CHECK OR MONEY ORDERS PAYABLE TO:  
 WEST JEFFERSON INCOME TAX  
 TO PAY BY CHARGE CARD:  VISA  MC  
Enter number and expiration date fully and accurately.  DISCOVER

Acct no. \_\_\_\_\_  
 3Digit Code \_\_\_\_\_ (Back of Card)  
 EXP. DATE: \_\_\_\_\_ AMT. CHARGED: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

## WORKSHEET I – WAGE AND SALARY

A COPY OF EACH FORM W-2, 1099-MISC, 1099-K, W-2G, PAGE 1 OF FEDERAL FORMS 1040/1040A/1040EZ FORM 2106 AND SCHEDULE A

### SPECIAL INSTRUCTIONS

I. If the tax withheld was paid to the Village of West Jefferson, enter the actual amount of tax withheld for West Jefferson in Column D.

Column A Date wages were earned (month/day).	Column B Name of municipality in which income was earned.	Column C Income earned in Column B municipality.	Column D West Jefferson Withholding
Total Column C		Total Column D	

## WORKSHEET II – NON-WAGE INCOME A COPY OF EACH FEDERAL FORM OR SCHEDULE USED MUST BE ATTACHED.

- |  |          |
|--|----------|
| 1. NET PROFIT (LOSS) FROM SCHEDULE C.          | \$ _____ |
| 2. RENTAL PROFIT (LOSS) FROM SCHEDULE E.       | \$ _____ |
| 3. OTHER NON-WAGE INCOME (ATTACH EXPLANATION). | \$ _____ |
| 4. LOSS CARRY FORWARD FROM PRIOR YEAR(S).      | \$ _____ |
| 5. COLUMN TOTAL (IF LESS THAN ZERO, USE ZERO). | \$ _____ |

**CARRY TOTAL FROM LINE 5 TO FRONT OF RETURN LINE 2.**

## WORKSHEET III – BUSINESS ALLOCATION FORMULA FOR NON-RESIDENT BUSINESSES

	<u>A. All Locations</u>	<u>B. West Jefferson Locations</u>	<u>C. Column B ÷ A</u>
1. a) Avg. Original Cost of Real & Tangible Personal Property	\$ _____	\$ _____	
b) Gross Annual Rental Receipts Multiplied by 8.....	\$ _____	\$ _____	
c) Total of Line 1.....	\$ _____	\$ _____	_____ %
2. Gross Receipts from Sales.....	\$ _____	\$ _____	_____ %
3. Wages, Salaries Paid.....	\$ _____	\$ _____	_____ %
4. Total Percentages			_____ %
5. AVERAGE PERCENT (Divide Total Percent by # of Percentages Used).			_____ %
	Enter here and on Line 3 of Worksheet II		_____ %

## EXEMPTION CERTIFICATE (Signature is required on front of this form)

**NO TAXABLE INCOME BECAUSE OF THE REASON INDICATED BELOW:**

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- UNDER 18 for the entire year of \_\_\_\_\_. My date of birth is \_\_\_/\_\_\_/\_\_\_ (Attach proof of DOB)
- RETIRED - I received only pension, Social Security and/or interest or dividend income.
- ACTIVE MEMBER OF THE U.S ARMED FORCES FOR THE ENTIRE YEAR OF \_\_\_\_\_.  
(This exemption does not include civilians employed by the military or the National Guard)
- NON-RESIDENT OF WEST JEFFERSON FOR THE ENTIRE YEAR OF \_\_\_\_\_.
- NO EARNED INCOME FOR THE ENTIRE YEAR OF \_\_\_\_\_.  
(Public Assistance, SSI, Unemployment, etc. is not considered earned income.)