

Tax Year 2024

VILLAGE OF WEST JEFFERSON INCOME TAX DEPARTMENT

FORM W3 858 254830
EMPLOYER'S WITHHOLDING RECONCILIATION 00019

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	_____	_____	_____	_____	_____
TOTALS	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE _____

Employer - Explain any differences:

DIFFERENCE _____



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 FEBRUARY 15, 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

Table with 8 rows for tax calculation: 1. Number of Taxable Employees, 2. Total Salaries, Wages, Commissions and other Compensation paid all employees, 3. Taxable Earnings (from line 2), 4. Actual Tax Withheld at 1.000 %, 5. Adjustments of Tax for Prior Period, 6. .42 per month, 7. 50%, 8. Total (Include Interest and Penalty if Due).

Name

And

Address

Period Ending JANUARY

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 MARCH 15, 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

Table with 8 rows for tax calculation: 1. Number of Taxable Employees, 2. Total Salaries, Wages, Commissions and other Compensation paid all employees, 3. Taxable Earnings (from line 2), 4. Actual Tax Withheld at 1.000 %, 5. Adjustments of Tax for Prior Period, 6. .42 per month, 7. 50%, 8. Total (Include Interest and Penalty if Due).

Name

And

Address

Period Ending FEBRUARY

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 APRIL 15, 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

Table with 8 rows for tax calculation: 1. Number of Taxable Employees, 2. Total Salaries, Wages, Commissions and other Compensation paid all employees, 3. Taxable Earnings (from line 2), 4. Actual Tax Withheld at 1.000 %, 5. Adjustments of Tax for Prior Period, 6. .42 per month, 7. 50%, 8. Total (Include Interest and Penalty if Due).

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 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 MAY 15, 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 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 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 JUNE 15, 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 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 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 15, 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 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 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 AUGUST 15, 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 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 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 SEPTEMBER 15, 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 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 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 15, 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 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 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 NOVEMBER 15, 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 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 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 DECEMBER 15, 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 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	
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 JANUARY 15, 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

Name

And

Address

Period Ending DECEMBER

TAX ID

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