

**Tax Year 2024**

**VILLAGE OF WEST JEFFERSON INCOME TAX DEPARTMENT**

FORM W3 858 256475  
 EMPLOYER'S WITHHOLDING RECONCILIATION 00001

28 EAST MAIN STREET  
 WEST JEFFERSON OH 43162-0048



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

**DUE DATE 02/28/2025**

Name \_\_\_\_\_ 3 7499  
 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 \_\_\_\_\_