



27 East Jefferson Street  
Jefferson, Ohio 44047  
Phone: 440.576.3941  
Fax: 440.576.5548  
WWW.JEFFERSONOHIO.US

Dear Taxpayer,

I want to welcome you to the Village of Jefferson and provide you with some information relating to Jefferson's Income Tax Ordinance.

All businesses located or operating within the Village of Jefferson are required to file an annual return with the Tax Office. The return should include the net profits from Jefferson's operations and one and one-half percent (1.5%) income tax, as assessed by ordinance. The return must be filed no later than the 15<sup>th</sup> day of the fourth (4) month from the end of your company's fiscal year.

An employer is also required to withhold one and one-half percent (1.5%) earnings tax on the wages of employees working within the Village of Jefferson. The employer shall, on or before the last day of the month following such withholding, make a return and pay to the Tax Office the amount of taxes so deducted.

By ordinance, each company or business operating with the Village of Jefferson is required to complete and return the registration form that is attached to this letter. The registration form enables the Tax Office to determine how the tax regulations affect each business. **Please complete the enclosed registration form and return it to the Tax Office within ten (10) business days from the date of this letter.**

If you should need any additional information regarding your tax liability, please feel free to call our office at (440) 576-3947. The Tax Office is open Monday through Thursday, 8:00am to 4:30pm and Friday, 8:00am to Noon.

Again, thank you for choosing the Village of Jefferson and I look forward to hearing from you.

Respectfully,

Income Tax Clerk

Enclosures

**Village of Jefferson**

[www.jeffersonohio.us](http://www.jeffersonohio.us)

Income Tax Office

27 E. Jefferson Street-Jefferson, OH 44047

Phone: (440) 576-3947

Fax: (440) 576-5548

**VILLAGE OF JEFFERSON BUSINESS/PROFESSIONAL REGISTRATION FORM**

Name of Business \_\_\_\_\_

Federal ID #/SS# \_\_\_\_\_

Corporate Address \_\_\_\_\_

Corporate Phone# \_\_\_\_\_

\_\_\_\_\_

Corp. Contact Person \_\_\_\_\_

Doing Business As \_\_\_\_\_

Jefferson Phone # \_\_\_\_\_

Jefferson Address \_\_\_\_\_

Jefferson Contact Person \_\_\_\_\_

Nature of Business \_\_\_\_\_

Account Period:  Calendar Year

Starting date of Operation: \_\_\_\_\_

Fiscal Year Ending \_\_\_\_\_

Type of Business: (please check one)

Sole Proprietorship

Partnership

S Corp

Corporation

Ltd Liability Co.

Non Profit

Number of employees at Jefferson location:

\_\_\_\_\_ Reported on W2's

\_\_\_\_\_ Reported on 1099's

Do you use a payroll company to submit monthly or quarterly withholding payments? (please circle one) Yes No

If yes, list payroll company \_\_\_\_\_

Resident Businesses (businesses located in Jefferson): Are the premises in Jefferson rented/leased? (please circle one) Yes No

If yes, from whom: \_\_\_\_\_ Address of Lessor: \_\_\_\_\_

Non-Resident Businesses (contractors, vendors, etc. temporarily conducting business in Jefferson)

Address of Jefferson job site: \_\_\_\_\_

(please attach a complete listing of all subcontracts names with addresses & phone numbers)

I do certify that to the best of my knowledge the above information is true, correct and complete. Additionally, I understand that all information contained herein is confidential.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_