

Important Tax Information West Jefferson 2016 Tax Filing Year

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1. On the West Jefferson tax form line 1 enter Qualifying wages from all W-2 forms for the tax year. In most cases, report wages from **BOX 5** Medicare wages and tips on W-2. If nothing in box 5 put wages from **BOX 18** local wages, tips, etc. If you were a part time resident, prorate this amount for the period of time you were a village resident.
2. Ohio law now requires your West Jefferson Tax Return to include a copy of your Federal Form 1040, W-2's, 1099's and all applicable Federal schedules.
3. **Due Date** for filing is **April 15, 2017 or the IRS Due Date**. If delinquent, a late filing fee of \$25.00 per month up to \$150.00 will be assessed.
4. **MANDATORY FILING:** The Village of West Jefferson has a mandatory filing requirement. This means each resident (18 years of age or older) or business operating within the Village must file a return each year with the Village regardless of any tax due on the return. Failure to comply may result in civil and/or criminal penalty. If you feel that you are exempt from filing an income tax return, please complete the Declaration of Exemption on the back of this form and return to our office by the due date.
5. **RETIREEES:** Retirees, who earn wages, operate a business, own rental property or other income, are required to file. If you're **ONLY** income source is retirement income write retired and the date you retired on the tax form and we will flag your account as being retired.
6. The Village does not allow credits for taxes paid to another city.
7. **Federal Extension:** A copy of your Federal extension or written extension request must be received by **April 15 or the IRS DUE Date**, accompanied by your payment in full of any tax deemed due. The extension allows for additional **time to file**, but does not extend the time to pay the tax due. Request for extensions may be faxed to the Tax Department at (614) 879-5338.
8. Be sure to sign, date and put your phone number on your return. Include payment of any tax due. Nonpayment will incur interest charges of .42% per month until paid in full and a 15% penalty charge.
9. **IMPORTANT CHANGES FOR 2016:** Tax return must be signed, losses resulting from business, rental and farm rental cannot be used to off-set W-2 income, penalty is 15% of tax due, interest is .42% per month and a late filing fee of \$25.00 per month up to \$150.00 is imposed, refund or tax due of less than \$10.00 is not payable (if tax return is correctly prepared), due dates for estimates are 04/15/17, 06/15/17, 09/15/17, and 12/15/17.

We are happy to prepare your Village of West Jefferson Income Tax Return for you at NO CHARGE. Please bring your W-2's, and a copy of any appropriate federal schedules. Our office is located in the Village of West Jefferson Municipal Building, 28 E. Main Street. The Tax Department is open Monday, Wednesday and Friday 8:00 a.m. to 4:30 p.m. If you have any questions, please contact the Tax Department at (614) 879-9757. Additional tax forms are available at www.westjeffersonohio.gov.

The information that is provided in this letter is a brief overview of our tax laws and filing requirements

DECLARATION OF EXEMPTION

VILLAGE OF WEST JEFFERSON

Income Tax Department

28 EAST MAIN STREET

WEST JEFFERSON OH 43162

Phone 614-879-9757 ~~ Fax 614-879-5338

Email: rarnott@westjeffersonohio.gov

*Social Security Number/Account Number _____

*Last Name _____ *First Name _____ Initial _____

*Spouse's First Name _____ Initial _____ Social Security Number _____

*Present Address _____

*City _____ State _____ Zip Code _____

1. _____ I was UNDER 18 years of age for the entire year.
(Attach copy of driver's license or birth certificate) DATE OF BIRTH ____/____/____

2. _____ I am a retired person receiving only pension income
or other non-taxable income for the year. DATE RETIRED ____/____/____

3. _____ I did not reside in the Village of West Jefferson for
any part of these year(s) DATE OF MOVE IN ____/____/____
DATE OF MOVE OUT ____/____/____

4. _____ Taxpayer is DECEASED. DATE OF DEATH ____/____/____

5. _____ I had no TAXABLE INCOME for the entire year of _____.
Income Source _____.
(Social Security, Welfare, Unemployment, etc.) (Current Year Exempt Only)

6. _____ I was a member of the ARMED FORCES, including the National Guard, of the UNITED STATES for the
entire year. (This does not include civilians employed by military). (Current Year Exempt Only)

7. _____ I am residing in West Jefferson temporarily. I am domiciled in _____.
(Supporting documentation must be included)

I hereby declare the information supplied above to be true, correct and complete.

*Signature _____ Date _____

Spouse's Signature _____ Date _____

*Phone _____

RETURN COMPLETED FORM TO OUR OFFICE BY MAIL, FAX OR EMAIL.

***Items that MUST be completed on this form.**