

2020 TAX FORM COMPLETION REQUEST

Village of Jefferson, Income Tax Department

TAXPAYER INFORMATION

Please print all information legibly.

NAME: _____ SSN: _____

SPOUSE NAME: _____ SSN: _____

(List spouse information ONLY if filing joint municipal tax return. If filing the municipal return separately, complete separate forms for each return completion requested)

CURRENT ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE NUMBER: _____

EMAIL: _____

Have you moved since 12/31/19? _____ YES _____ NO

If yes, please provide the following: MOVE IN DATE: _____ MOVE OUT DATE: _____

PRIOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ATTACH COPIES OF ALL APPLICABLE W-2'S, FEDERAL FORM 1040 & Federal Schedules (C,E,F,etc), 1099's, K-1's, (and any other applicable statements, forms and schedules showing income) and mail to the address below. Note that all documents will be kept as official attachments to the municipal return and will not be returned to you, Photocopies are acceptable for purposes of this filing.

Village of Jefferson
Income Tax Department
27 E. Jefferson Street
Jefferson, OH 44047

Please note we do not accept any information submitted via email.

Under penalties of perjury, the undersigned declares that the applicable accompany W-2's, Federal Schedules, K-1's, etc. are true, correct, and complete income information for the 2020 taxable period, and that the figures on accompanying schedules are the same as used for Federal income tax purposes. (NOTE: Be sure to include copies of all W-2's issued by employer showing all income information completed and any/all municipal tax withheld. When multiple cities are subject to withholdings, you must remit copies of each W-2 showing municipal tax withheld). By completing this form and remitting the necessary information and documents, the undersigned request completion of the 2020 municipal income tax return, and understand that responsibility to ensure that all tax due is paid by appropriate and lawful due dates is the responsibility of the taxpayer. Penalty and interest may apply to any outstanding balance not paid by applicable and lawful payment deadlines. The undersigned understand that payment must still be made by appropriate deadlines, regardless of whether or not this form has been completed as requested.

Signature

Date

Spouse Signature (if filling a joint return)

Date