

|  |   |  |  |
|--|---|--|--|
| 1. Number of Taxable Employees. ....   | 1 |  |  |
| 2. Total Salaries, Wages, Commissions and other<br>Compensation paid all employees. .... | 2 |  |  |
| 3. Taxable Earnings (from line 2). ....  | 3 |  |  |
| 4. Actual Tax Withheld at 1.500 %. ....  | 4 |  |  |
| 5. Adjustments of Tax for Prior Period. ....   | 5 |  |  |
| 6. 0.42 per month. ....  | 6 |  |  |
| 7. 50%. ....   | 7 |  |  |
| 8. Total (Include Interest and Penalty if Due). ....                                     | 8 |  |  |

**Tax Year 2017**

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, 2017**

**MAKE CHECK OR MONEY ORDER TO:**  
VILLAGE OF NEW CONCORD  
2 West Main Street  
P.O. Box 10  
New Concord OH 43762

Voice 740-826-7671 Fax 740-826-7617

Name

And

Address

Period Ending JANUARY

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 1.500 %. ....   | 4 |  |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |  |
| 6. 0.42 per month. ....   | 6 |  |  |
| 7. 50%. ....  | 7 |  |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |  |

**Tax Year 2017**

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, 2017**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF NEW CONCORD  
 2 West Main Street  
 P.O. Box 10  
 New Concord OH 43762  
 Voice 740-826-7671 Fax 740-826-7617

Name  
 And  
 Address

Period Ending FEBRUARY

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 1.500 %. ....   | 4 |  |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |  |
| 6. 0.42 per month. ....   | 6 |  |  |
| 7. 50%. ....  | 7 |  |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |  |

**Tax Year 2017**

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, 2017**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF NEW CONCORD  
 2 West Main Street  
 P.O. Box 10  
 New Concord OH 43762  
 Voice 740-826-7671 Fax 740-826-7617

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 1.500 %. ....   | 4 |  |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |  |
| 6. 0.42 per month. ....   | 6 |  |  |
| 7. 50%. ....  | 7 |  |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |  |

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2017**  
 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, 2017**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF NEW CONCORD  
 2 West Main Street  
 P.O. Box 10  
 New Concord OH 43762  
 Voice 740-826-7671 Fax 740-826-7617

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 1.500 %. ....   | 4 |  |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |  |
| 6. 0.42 per month. ....   | 6 |  |  |
| 7. 50%. ....  | 7 |  |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |  |

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2017**  
 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, 2017**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF NEW CONCORD  
 2 West Main Street  
 P.O. Box 10  
 New Concord OH 43762  
 Voice 740-826-7671 Fax 740-826-7617

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 1.500 %. ....   | 4 |  |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |  |
| 6. 0.42 per month. ....   | 6 |  |  |
| 7. 50%. ....  | 7 |  |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |  |

**Tax Year 2017**

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, 2017**

**MAKE CHECK OR MONEY ORDER TO:**  
VILLAGE OF NEW CONCORD  
2 West Main Street  
P.O. Box 10  
New Concord OH 43762  
Voice 740-826-7671 Fax 740-826-7617

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 1.500 %. ....   | 4 |  |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |  |
| 6. 0.42 per month. ....   | 6 |  |  |
| 7. 50%. ....  | 7 |  |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |  |

**Tax Year 2017**

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, 2017**

**MAKE CHECK OR MONEY ORDER TO:**  
VILLAGE OF NEW CONCORD  
2 West Main Street  
P.O. Box 10  
New Concord OH 43762  
Voice 740-826-7671 Fax 740-826-7617

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 1.500 %. ....   | 4 |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |
| 6. 0.42 per month. ....   | 6 |  |
| 7. 50%. ....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |

**Tax Year 2017**

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, 2017**

**MAKE CHECK OR MONEY ORDER TO:**  
VILLAGE OF NEW CONCORD  
2 West Main Street  
P.O. Box 10  
New Concord OH 43762  
Voice 740-826-7671 Fax 740-826-7617

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 1.500 %. ....   | 4 |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |
| 6. 0.42 per month. ....   | 6 |  |
| 7. 50%. ....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |

**Tax Year 2017**

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, 2017**

**MAKE CHECK OR MONEY ORDER TO:**  
VILLAGE OF NEW CONCORD  
2 West Main Street  
P.O. Box 10  
New Concord OH 43762  
Voice 740-826-7671 Fax 740-826-7617

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 1.500 %. ....   | 4 |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |
| 6. 0.42 per month. ....   | 6 |  |
| 7. 50%. ....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |

**Tax Year 2017**

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 # \_\_\_\_\_

|   |
|---|
| <b>THIS RETURN MUST BE FILED ON<br/>OR BEFORE NOVEMBER 15, 2017</b>                 |
| <b>MAKE CHECK OR MONEY ORDER TO:</b>  |
| VILLAGE OF NEW CONCORD<br>2 West Main Street<br>P.O. Box 10<br>New Concord OH 43762 |
| Voice 740-826-7671 Fax 740-826-7617   |

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 1.500 %. ....   | 4 |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |
| 6. 0.42 per month. ....   | 6 |  |
| 7. 50%. ....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |

**Tax Year 2017**

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 # \_\_\_\_\_

|   |
|---|
| <b>THIS RETURN MUST BE FILED ON<br/>OR BEFORE DECEMBER 15, 2017</b>                 |
| <b>MAKE CHECK OR MONEY ORDER TO:</b>  |
| VILLAGE OF NEW CONCORD<br>2 West Main Street<br>P.O. Box 10<br>New Concord OH 43762 |
| Voice 740-826-7671 Fax 740-826-7617   |

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 1.500 %. ....   | 4 |  |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |  |
| 6. 0.42 per month. ....   | 6 |  |  |
| 7. 50%. ....  | 7 |  |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |  |

**Tax Year 2017**

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, 2018**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF NEW CONCORD  
 2 West Main Street  
 P.O. Box 10  
 New Concord OH 43762

Voice 740-826-7671 Fax 740-826-7617

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending **DECEMBER**

TAX ID \_\_\_\_\_

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