FORM FR 1335

INDIVIDUAL - 2019
INCOME TAX RETURN
NEW CONCORD

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 Ext Fax 740-826-7617
dwhitehair@newconcord-oh.gov

Federal Schedules MUST be attached to this return; including, but not limited to, W2 Forms.

Taxpayer's Social Security No.	
HomeTelephone No.	BusinessTelephone No.
Spouse's Social Security No.	
Spouse's Name	
HomeTelephone No.	BusinessTelephone No.

Name

And

Address

Filing Status
- ☐ Single
- ☐ Married filing joint
- ☐ Married filing separate

☐ RESIDENT
☐ NON-RESIDENT

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / /
OUT OF / /

IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION
NAME _____
ADDRESS _____

Income

1 Wages, salaries, tips,etc.	1	
2 Other taxable income	2	
3 Total taxable income (add lines 1 and 2)		3

Tax and Credits

4 New Concord tax due before credits (1.500% of line 3)		4
5 Estimated tax payments made to New Concord	5	
6 Taxes withheld and paid to New Concord	6	
7 Overpayment from prior year(s)	7	
8 Taxes withheld and paid to other localities Credit cannot exceed 100% of tax withheld up to 1.5%.	8	
9 Total credits (add lines 5 through 8)		9

Refund (Issued if greater than 10.00)

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid		10
11 Amount of line 10 to be credited to next years estimate	11	
12 Amount of line 10 to be refunded	12	

Tax Due (if greater than 10.00)

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe		13
14 Penalties and interest **Late File** _____ **Late Pay** _____ **Late Estimate**_____ **Interest** _____		14

Declaration of Estimate For 2020

15 Estimated income	15	
16 Estimated tax due. Multiply line 15 by 1.500%	16	
17 Taxes to be withheld and paid to New Concord and other localities	17	
18 Prior credit applied to estimated tax payments (From line 11)	18	
19 Net estimated tax due (subtract line 17 and 18 from 16)	19	
20 Minimum amount due for first quarter (multiply line 19 by 25%)	20	

Amount You Owe

21 Total amount due (add lines 13, 14 and 20)		21

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Taxpayer's Signature Date

Spouse's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer) Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT

☐ ☐ ☐

ACCOUNT NUMBER

SECURITY PIN

CARD EXPIRATION / /

AMOUNT

CARD HOLDER SIGNATURE - SIGN HERE

May VILLAGE OF NEW CONCORD discuss this return with the preparer shown above ___Yes ___No