

| | | | |
|---|---|--|--|
| 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. .50. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Tax Year 2020

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, 2020**

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

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 | | |
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| 6. .50%. | 6 | | |
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| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name _____

And _____

Address _____

Tax Year 2020
 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, 2020**

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

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. .50%. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name _____

And _____

Address _____

Tax Year 2020
 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, 2020**

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

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. .50%. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name
 And
 Address

Tax Year 2020

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, 2020**

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

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. .50%. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name
 And
 Address

Tax Year 2020

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, 2020**

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

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

Name _____

And _____

Address _____

Tax Year 2020
 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, 2020**

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

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. .50%. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name _____

And _____

Address _____

Tax Year 2020
 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, 2020**

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

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

Name _____

And _____

Address _____

Tax Year 2020

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, 2020**

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

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

Name _____

And _____

Address _____

Tax Year 2020

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, 2020**

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

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 | | |
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| 6. .50. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Tax Year 2020

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 NOVEMBER 15, 2020**

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

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 | | |
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| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Tax Year 2020

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 DECEMBER 15, 2020**

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

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 | | |
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Tax Year 2020

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, 2021**

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

Name _____

And _____

Address _____

Period Ending **DECEMBER**

TAX ID _____

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