

|   |   |  |  |
|---|---|--|--|
| 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 APRIL 30, 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 JAN-FEB-MAR

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 31, 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 APR-MAY-JUN

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 OCTOBER 31, 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 JUL-AUG-SEP

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<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. .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 JANUARY 31, 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 OCT-NOV-DEC

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

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