

Village of New Concord
Income Tax Department
PO Box 10
2 West Main Street
New Concord OH 43762
Phone – 740/826-7671
Fax – 740/826-7617

BUSINESS REGISTRATION FORM

Dear Taxpayer:

As a business operating within the corporation limits of the Village of New Concord, you are obligated to comply with the Village of New Concord Income Tax Ordinance. Under this ordinance, you are required to do the following:

1. Withhold taxes at a rate of 1.5% on the total gross wages of all employees that work and/or reside in the village limits of New Concord.
2. File a New Concord income tax return on the net profit/loss derived in New Concord and pay taxes of 1.5% on any net profit. This return and payment of any taxes is due April 15th of each year, or 120 days from the end of a fiscal year.
3. Complete and return the business questionnaire within ten days.

Failure to comply with the above is in violation of Village Ordinance.

Your prompt attention to this matter is requested and appreciated. Should you have questions concerning your filing requirements, please contact this department.

Respectfully,

Debbie Kughn
Tax Administrator

VILLAGE OF NEW CONCORD INCOME TAX DEPARTMENT
PO BOX 10
2 WEST MAIN STREET
NEW CONCORD OH 43762
Phone 740/826-7671
Fax 740/826-7617

BUSINESS QUESTIONNAIRE

TO INSURE ACCURATE RECORDS, PLEASE ANSWER ALL QUESTIONS THAT PERTAIN TO YOUR TAXABLE STATUS IN THE VILLAGE OF NEW CONCORD. PLEASE COMPLETE AND RETURN WITHIN 10 DAYS. YOUR COOPERATION IS APPRECIATED.

GENERAL INFORMATION

BUSINESS NAME _____ FED ID# _____

TRADE NAME (if different) _____

NATURE OF BUSINESS _____

MAIN BRANCH ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER (Main Branch) _____ (Local Address) _____

LOCAL ADDRESS (if different) _____

TYPE OF OWNERSHIP:

_____ **Sole Proprietorship**

Name of Owner _____

Address _____

Telephone # _____

Social Security # _____ Federal EIN _____

_____ **Partnership**

Name of Partnership _____

Federal EIN _____

How will the net profit Village Income Tax return be filed and paid?

_____ In full by the business _____ Separately by the individual partners on proportionate shares

Partners' Information:

Name _____ Social Security # _____

Address _____

Name _____ Social Security # _____

Address _____

Name _____ Social Security # _____

Address _____

Name _____ Social Security # _____

Address _____

Corporation

Name of Corporation _____

Address _____

Federal EIN# _____

Officers' Information:

Name _____ Social Security # _____

Address _____

Name _____ Social Security # _____

Address _____

Name _____ Social Security # _____

Address _____

Name _____ Social Security # _____

Address _____

LLC

Type of LLC: _____ C Corporation _____ S Corporation _____ Partnership

If C or S Corporation:

Name of Corporation _____

Address _____

Federal EIN# _____

Officers' Information:

Name _____ Social Security # _____

Address _____

Name _____ Social Security # _____

Address _____

Name _____ Social Security # _____

Address _____

Name _____ Social Security # _____

Address _____

If Partnership:

Name of Partnership _____

Federal EIN# _____

How will the net profit Village Income Tax return be filed and paid?

_____ In full by the business _____ Separately by the individual partners on proportionate shares

Partners' Information:

Name _____ Social Security # _____

Address _____

Name _____ Social Security # _____

Address _____

Name _____ Social Security # _____

Address _____

Name _____ Social Security # _____

Address _____

Non-Profit

Name _____ Federal EIN # _____

Address _____

IS THIS A COURTESY WITHHOLDING ACCOUNT FOR RESIDENT EMPLOYEES ONLY?

Yes or No (If so, list employee(s) name, address and social security number, sign, date and return this form)

Do you employ any persons working within the Village of New Concord? _____ If yes, how many?

Do you expect to have employees in the future? _____

Note: You may have persons in your employ who are subject to New Concord Income Tax, but from whom you are not required to withhold the Tax. For example, complete employer/employee relationships do not exist, as in the case of contract labor, independent commission sales brokers, etc. The next question covers such cases.

Do you at anytime during the year employ persons who are subject to New Concord Income Tax and from whom you do NOT withhold the City Income Tax? _____. Please attach a list of such persons, showing names and addresses.

Accounting period used for Income Tax purposes:

Check one- (If fiscal year, write ending date)

Calendar year ending Dec 31 _____

Fiscal year ending _____

Address to which tax forms are to be mailed:

Send business Net Profit Tax Return form to:

Name _____

Care of _____

Address _____

Send Withholding Report Tax form to:

Name _____

Care of _____

Address _____

With reference to real estate properties located WITHIN the Village of New Concord: Does the business occupy, as tenant, real property in the Village of New Concord rented from others? _____. If so, to who is rent paid? (Give owner's name and address).

Do you operate other businesses (include rentals) within the Village of New Concord? _____

If so, please list business name, address, and nature of business.

The information hereby submitted is true and correct.

Name _____ Date _____ Phone No. _____

(Signature)