

**INDIVIDUAL - 2020  
INCOME TAX RETURN  
NEW CONCORD**

**Due Date 04/15/2021**

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

**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

Taxpayer's Social Security No.	
HomeTelephone No.	BusinessTelephone No.
Spouse's Social Security No.	
Spouse's Name	
HomeTelephone No.	BusinessTelephone No.
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate	
<input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES INTO                    /   / OUT OF                    /   /	
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION NAME _____ ADDRESS _____	

Name \_\_\_\_\_

And \_\_\_\_\_

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 8

Credit cannot exceed 100% of tax withheld up to 1.5%.

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 2021**

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

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.




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

\_\_\_\_\_  
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**