

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 15<sup>th</sup> 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 Whitehair  
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)