FORM FR 1335

MAKE CHECK OR MONEY ORDER TO: VILLAGE OF NEW CONCORD

2 West Main Street P.O. Box 10 New Concord OH 43762

INDIVIDUAL - 2022 INCOME TAX RETURN NEW CONCORD

Due Date 04/15/2022

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

Taxpayer's Social Security No.	
HomeTelephone No.	BusinessTelephone No.

Spouse's Social Security No.	
Spouse's Name	
HomeTelephone No.	BusinessTelephone No.

Voice 740-826-7671 Ext Fax 740-826-7617		Name			
dwhitehair@newconcord-oh.gov		HomeTelephone No.	BusinessTelephone No.		
Name	Filing Status		IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES		
	Single		0 / /		
And	Married filing joint	NON-RESIDENT	7 /		
	☐ Married filing separate	<u> </u>	T OF / /		
Address	IF YOU F	RENT, PLEASE GIVE LANDLO	ORDS INFORMATION		
	NAME				
	ADDRESS				
Income	'				
1 Wages, salaries, tips,etc.	1				
2 Other taxable income	2				
3 Total taxable income (add lines 1 and 2)	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					
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 an	nount you overpaid	1	10		
11 Amount of line 10 to be credited to next years estimate					
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	nt you owe	1	13		
14 Penalties and interest Late File Late Pay	Late Estimate Intere	est	14		
Declaration of Estimate For 2023		_			
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)		2	21		

21	
Tax Office Use Only : Tax Office Use Only : Tax Office Use Only	j

CARD HOLDER SIGNATURE - SIGN HERE

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.

Date

AMOUNT

CREDIT CARD INFORMATION FOR PAYMENT				
		ACCOUNT NUMBER		
7440	DISCOVER			
MasterCard V/SA	SECURITY PIN CARD EXPIRATION			

Spouse's Signature Date Tax Preparer's Signature Date (If other than taxpayer) Phone No. _

Taxpayer's Signature