

INDIVIDUAL - 2023
INCOME TAX RETURN
NEW CONCORD

Due Date 04/15/2024

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.
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / /
OUT OF / /
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION
NAME
ADDRESS

Name
And
Address

Filing Status
Single
Married filing joint
Married filing separate
RESIDENT
NON-RESIDENT
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION
NAME
ADDRESS

Income
1 Wages, salaries, tips, etc.
2 Other taxable income
3 Total taxable income (add lines 1 and 2)

Tax and Credits
4 New Concord tax due before credits (1.500% of line 3)
5 Estimated tax payments made to New Concord
6 Taxes withheld and paid to New Concord
7 Overpayment from prior year(s)
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)

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
11 Amount of line 10 to be credited to next years estimate
12 Amount of line 10 to be refunded

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
14 Penalties and interest Late File Late Pay Late Estimate Interest

Declaration of Estimate For 2024
15 Estimated income
16 Estimated tax due. Multiply line 15 by 2.250%
17 Taxes to be withheld and paid to New Concord and other localities
18 Prior credit applied to estimated tax payments (From line 11)
19 Net estimated tax due (subtract line 17 and 18 from 16)
20 Minimum amount due for first quarter (multiply line 19 by 25%)

Amount You Owe
21 Total amount due (add lines 13, 14 and 20)

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
MasterCard VISA DISCOVER
ACCOUNT NUMBER
SECURITY PIN CARD EXPIRATION
AMOUNT CARD HOLDER SIGNATURE - SIGN HERE