

Name

And

Address

Tax Year 2024

I hereby certify that the information and statements contained here
in and in any schedules or exhibits attached are true and correct.

 Signed

 Title

THIS RETURN MUST BE FILED ON OR BEFORE FEBRUARY 15, 2024

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

Period Ending JANUARY

Phone #_

TAX ID

1. Number of Taxable Employees	T V 0004
Total Salaries, Wages, Commissions and other Compensation paid all employees	I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
	Signed
Taxable Earnings (from line 2)	Date
Actual Tax Withheld at 2.250 %	Phone #
5. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
550	OR BEFORE MARCH 15, 2024
7. 50%	MAKE CHECK OR MONEY ORDER TO:
3. Total (Include Interest and Penalty if Due)	VILLAGE OF NEW CONCORD
Name	2 West Main Street P.O. Box 10 New Concord OH 43762
And	Voice 740-826-7671 Ext Fax 740-826-7617
Address	Period Ending FEBRUARY
	-
	TAX ID NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1335 EMPLOYER'S WIT	
FORM W1 1335 EMPLOYER'S WIT 1. Number of Taxable Employees. 1	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. HHOLDING - MONTHLY
1. Number of Taxable Employees	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
I. Number of Taxable Employees	HHOLDING - MONTHLY Tax Year 2024 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
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1. Number of Taxable Employees	HHOLDING - MONTHLY Tax Year 2024 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Phone # THIS RETURN MUST BE FILED ON
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1. Number of Taxable Employees	HHOLDING - MONTHLY Tax Year 2024 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2024 MAKE CHECK OR MONEY ORDER TO: VILLAGE OF NEW CONCORD 2 West Main Street P.O. Box 10

1. Number of Taxable Employees	TV 0004
Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2024 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
	Signed
3. Taxable Earnings (from line 2)	
Actual Tax Withheld at 2.250 %	Phone #
i. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
50	OR BEFORE MAY 15, 2024
7.50%	MAKE CHECK OR MONEY ORDER TO:
Total (Include Interest and Penalty if Due)	VILLAGE OF NEW CONCORD
	2 West Main Street
Name	P.O. Box 10 New Concord OH 43762
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And	Voice 740-826-7671 Ext Fax 740-826-7617
Address	Period Ending APRIL
	TAX ID
	IAXID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1335 EMPLOYER'S WITI	
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Number of Taxable Employees. Total Salaries, Wages, Commissions and other Compensation paid all employees. Taxable Earnings (from line 2). Actual Tax Withheld at 2.250 %. Adjustments of Tax for Prior Period. 5.50. Total (Include Interest and Penalty if Due).	Tax Year 2024 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2024 MAKE CHECK OR MONEY ORDER TO: VILLAGE OF NEW CONCORD 2 West Main Street P.O. Box 10
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Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2024 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
	Signed
3. Taxable Earnings (from line 2)	Title Date
4. Actual Tax Withheld at 2.250 %	Phone #
5. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
550	OR BEFORE JULY 15, 2024
7. 50%	MAKE CHECK OR MONEY ORDER TO:
B. Total (Include Interest and Penalty if Due)	VILLAGE OF NEW CONCORD 2 West Main Street
Name	P.O. Box 10 New Concord OH 43762
And	Voice 740-826-7671 Ext Fax 740-826-7617
Address	Period Ending JUNE
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
I. Number of Taxable Employees	OLDING - MONTHLY Tax Year 2024 I hereby certify that the information and statements contained her
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1. Number of Taxable Employees	Tax Year 2024 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2024 MAKE CHECK OR MONEY ORDER TO: VILLAGE OF NEW CONCORD
1. Number of Taxable Employees	OLDING - MONTHLY Tax Year 2024 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2024 MAKE CHECK OR MONEY ORDER TO:
1. Number of Taxable Employees	Tax Year 2024 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2024 MAKE CHECK OR MONEY ORDER TO: VILLAGE OF NEW CONCORD 2 West Main Street P.O. Box 10

Number of Taxable Employees	1	T V 0004
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2	Tax Year 2024 I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct
		Signed
. Taxable Earnings (from line 2)	3	
Actual Tax Withheld at 2.250 %		Phone #
. Adjustments of Tax for Prior Period	- 	THIS RETURN MUST BE FILED ON
.50	6	OR BEFORE SEPTEMBER 15, 2024
. 50%	/	MAKE CHECK OR MONEY ORDER TO
Total (Include Interest and Penalty if Due)	8	VILLAGE OF NEW CONCORD
		2 West Main Street
Name		P.O. Box 10
		New Concord OH 43762
And		Voice 740-826-7671 Ext Fax 740-826-761
Address		Period Ending AUGUST
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
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. Number of Taxable Employees		DING - MONTHLY
. Number of Taxable Employees	1	Tax Year 2024 I hereby certify that the information and statements contained h
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Number of Taxable Employees. Total Salaries, Wages, Commissions and other compensation paid all employees. Taxable Earnings (from line 2). Actual Tax Withheld at 2.250 %. Adjustments of Tax for Prior Period.	1 2 3 4 5	Tax Year 2024 I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed Title Date
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. Number of Taxable Employees Total Salaries, Wages, Commissions and other compensation paid all employees Taxable Earnings (from line 2) Actual Tax Withheld at 2.250 % Adjustments of Tax for Prior Period.	1 2 3 4 5 6 7	Tax Year 2024 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15, 2024
. Number of Taxable Employees Total Salaries, Wages, Commissions and other compensation paid all employees Taxable Earnings (from line 2) Actual Tax Withheld at 2.250 % Adjustments of Tax for Prior Period 50.	1 2 3 4 5 6 7	Tax Year 2024 I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed Title Phone # THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15, 2024 MAKE CHECK OR MONEY ORDER TO:
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Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2024 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
	Signed
3. Taxable Earnings (from line 2)	Title Date
I. Actual Tax Withheld at 2.250 %	Phone #
5. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
5.50	OR BEFORE NOVEMBER 15, 2024
. 50%	MAKE CHECK OR MONEY ORDER TO:
Total (Include Interest and Penalty if Due)	VILLAGE OF NEW CONCORD 2 West Main Street
Name	P.O. Box 10 New Concord OH 43762
And	Voice 740-826-7671 Ext Fax 740-826-7617
Address	Period Ending OCTOBER
	TAX ID
	IAXID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W4 1335 FMDI OVED'S WITHIN	
I. Number of Taxable Employees	
. Number of Taxable Employees	OLDING - MONTHLY Tax Year 2024 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
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1. Number of Taxable Employees	Tax Year 2024 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct. Signed Title Phone # THIS RETURN MUST BE FILED ON
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1. Number of Taxable Employees	Tax Year 2024 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Phone # THIS RETURN MUST BE FILED ON OR BEFORE DECEMBER 15, 2024 MAKE CHECK OR MONEY ORDER TO: VILLAGE OF NEW CONCORD 2 West Main Street P.O. Box 10

FORM W1 1335 EMPLOYER'S WITHHOLDING - MONTHLY 1. Number of Taxable Employees. 1 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 2 3. Taxable Earnings (from line 2). 3 4. Actual Tax Withheld at 2.250 %. 4 5. Adjustments of Tax for Prior Period. 5 6. .50. 6 7. 50%. 7 8. Total (Include Interest and Penalty if Due). 8

Name

And

Address

Tax Year 2024

I hereby certify that the information and statements contained here
in and in any schedules or exhibits attached are true and correct.

Signed ______ Date _____ Phone #____

THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2025

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

Period Ending DECEMBER

TAX ID