

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		

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 _____ Date _____

Phone # _____

**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

Name

And

Address

Period Ending JANUARY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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	

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 _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE MARCH 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

Name

And

Address

Period Ending FEBRUARY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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	

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 _____ 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

New Concord OH 43762

Voice 740-826-7671 Ext

Fax 740-826-7617

Name

And

Address

Period Ending MARCH

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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	

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 _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MAY 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

Name
And
Address

Period Ending APRIL

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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	

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 _____ 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
New Concord OH 43762
Voice 740-826-7671 Ext Fax 740-826-7617

Name
And
Address

Period Ending MAY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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	

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 _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE JULY 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

Name

And

Address

Period Ending JUNE

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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	

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 _____ 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

New Concord OH 43762

Voice 740-826-7671 Ext

Fax 740-826-7617

Name

And

Address

Period Ending JULY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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	

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 _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 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

Name

And

Address

Period Ending AUGUST

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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	

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 _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 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

Name

And

Address

Period Ending SEPTEMBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
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5. Adjustments of Tax for Prior Period.....	5	
6. .50.....	6	
7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

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 _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE NOVEMBER 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

Name

And

Address

Period Ending OCTOBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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	

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 _____ Date _____

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

New Concord OH 43762

Voice 740-826-7671 Ext

Fax 740-826-7617

Name

And

Address

Period Ending NOVEMBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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		
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5. Adjustments of Tax for Prior Period.....	5		
6. .50.....	6		
7. 50%.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

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 _____ 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

Name _____

And _____

Address _____

Period Ending **DECEMBER**

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.