

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 30, 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 JAN-FEB-MAR

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 31, 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 APR-MAY-JUN

TAX ID

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

1. Number of Taxable Employees.....	1	
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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 OCTOBER 31, 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 JUL-AUG-SEP

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 JANUARY 31, 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 OCT-NOV-DEC

TAX ID _____

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