

**INDIVIDUAL - 2014
INCOME TAX RETURN
NEW CONCORD**

Due Date 04/30/2015
**Federal Schedules MUST be attached to
this return.**

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 Fax 740-826-7617
dkughn@newconcord-oh.gov

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

Name _____
And _____
Address _____

Filing Status
 Single
 Married filing joint
 Married filing separate
 RESIDENT
 NON-RESIDENT

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
 INTO / /
 OUT OF / /

IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION
 NAME _____
 ADDRESS _____

Income

1 Wages, salaries, tips, etc. 1 _____

2 Other taxable income 2 _____

3 Total taxable income (add lines 1 and 2) 3 _____

Tax and Credits

4 New Concord tax due before credits (1.000% 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%. 8 _____

9 Total credits (add lines 5 through 8) 9 _____

Refund (Issued if greater than 1.01)

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid 10 _____

11 Amount of line 10 to be credited to next years estimate 11 _____

12 Amount of line 10 to be refunded 12 _____

Tax Due (if greater than 1.01)

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe 13 _____

14 Penalties and interest Late File _____ Late Pay _____ Late Estimate _____ Interest _____ 14 _____

Declaration of Estimate For 2015

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) 21 _____

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

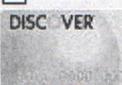
The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Taxpayer's Signature Date _____

Spouse's Signature Date _____

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

CREDIT CARD INFORMATION FOR PAYMENT

ACCOUNT NUMBER _____

SECURITY PIN _____ CARD EXPIRATION / / _____

AMOUNT _____ **CARD HOLDER SIGNATURE - SIGN HERE** _____

May VILLAGE OF NEW CONCORD discuss this return with the preparer shown above ___ Yes ___ No

