

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 1.500 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. 0.42 per month. . . . .	6	
7. 50%. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

**Tax Year 2016**

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, 2016**

**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

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 1.500 %. . . . .	4	
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6. 0.42 per month. . . . .	6	
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8. Total (Include Interest and Penalty if Due). . . . .	8	

**Tax Year 2016**

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, 2016**

**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

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	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. . . . .	2	
3. Taxable Earnings (from line 2). . . . .	3	
4. Actual Tax Withheld at 1.500 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. 0.42 per month. . . . .	6	
7. 50%. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

**Tax Year 2016**

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, 2016**

**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

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 1.500 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. 0.42 per month. . . . .	6	
7. 50%. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

**Tax Year 2016**

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, 2017**

**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

Name

And

Address

Period Ending OCT-NOV-DEC

TAX ID

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