

**INDIVIDUAL - 2015
INCOME TAX RETURN
NEW CONCORD
Due Date 04/18/2016
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.	
Home Telephone No.	Business Telephone No.
Spouse's Social Security No.	
Spouse's Name	
Home Telephone No.	Business Telephone No.
<input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate	
<input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES	
INTO	/ /
OUT OF	/ /
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION	
NAME _____	
ADDRESS _____	

Name _____
And _____
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 (1.500% 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 8

Credit cannot exceed 100% of tax withheld up to 1.5%.

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 2016

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

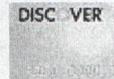
The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

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