

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 FEBRUARY 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 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 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	

Name

And

Address

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 MARCH 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

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 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	

Name

And

Address

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

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 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	

Name

And

Address

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 MAY 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

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 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	

Name

And

Address

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 JUNE 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

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 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	

Name

And

Address

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

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 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	

Name

And

Address

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 AUGUST 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

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 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	

Name

And

Address

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 SEPTEMBER 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

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 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	

Name

And

Address

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

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	
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	

Name

And

Address

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 NOVEMBER 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

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 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	

Name
 And
 Address

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 DECEMBER 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

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	
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	

Name
 And
 Address

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

Period Ending DECEMBER

TAX ID

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