



Tax Year

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 # _____

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 2.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Total (Include Interest and Penalty if Due).	6		

THIS RETURN MUST BE FILED ON OR BEFORE

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF NEW BOSTON, INCOME TAX
 3980 RHODES AVENUE
 NEW BOSTON OH 45662-4999

Voice 740-456-4103 Fax 740-456-6473

Name

And

Address

Period Ending

TAX ID

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