



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. Total (Include Interest and Penalty if Due)	6		

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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF NEW LONDON
 115 E MAIN ST
 NEW LONDON OH 44851-1292

Voice 419-929-4461 Fax 419-929-0738

Name

And

Address

Period Ending

TAX ID

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