

FORM: IR-2005



PHONE (513) 932-3060 FAX (513) 932-2493
 FILING REQUIRED EVEN IF NO TAX DUE
 LATE FILING WILL RESULT IN PENALTY AND INTEREST CHARGES

FILE WITH
 CITY OF LEBANON TAX DIV.
 50 S. BROADWAY
 LEBANON, OH 45036-1777
 ON OR BEFORE APRIL 17, 2006

FOR OFFICE
 USE ONLY

IF TAXPAYER AND SPOUSE ARE FULLY
 RETIRED WITHOUT TAXABLE INCOME,
 MARK THIS BOX.
 SIGN, DATE AND RETURN THIS FORM.

IF YOU OWN RENTAL PROPERTY,
 PLEASE MARK THIS BOX.

CITY OF LEBANON
 ACCOUNT NO.

TAXPAYER: EMPLOYER'S NAME: _____
 CITY WHERE EMPLOYED: _____
 SPOUSE: EMPLOYER'S NAME: _____
 CITY WHERE EMPLOYED: _____

IF YOU ARE A NEW RESIDENT, FILING FOR
 THE FIRST TIME OR HAVE MOVED SINCE
 THE LAST FILING DATE, PLEASE FURNISH
 CURRENT ADDRESS AND DATE OF MOVE.

MOVE IN: _____
 MOVE OUT: _____

**DUE APRIL 17, 2006 OR 15th DAY, 4th
 MONTH AFTER FISCAL YEAR END.**

TAXPAYER(S) NAME(S) AND ADDRESS (CORRECT IF NECESSARY)	SOCIAL SECURITY NO.(S)	YES	NO	REQUIRED: ARE YOU A RESIDENT OF THE CITY OF LEBANON?
	LOCAL TELEPHONE NO.			DID YOU FILE A LEBANON INCOME TAX RETURN LAST YEAR? HAS THE IRS INCREASED YOUR TAX LIABILITY FOR ANY YEAR? IF SO, HAS AN AMENDED CITY OF LEBANON RETURN BEEN FILED.

SIGN LEBANON TAX RETURN ON PAGE 2

OFFICE USE ONLY

Part A

Tax Calculation

1. Total Qualifying Wages (Attach All W-2 forms)	\$	\$
2. Other Taxable Income and/or Deductions from Line 19 or 21, Page 2 – See Instructions. Note Page 2 must be completed if you have taxable rental property or business income. (Interest, Dividends, Capital Gains, Unemployment, and Retirement Income is Not Taxable).....	\$	\$
3. Taxable Income: Line 1 Plus or Minus Line 2	\$	\$
4. Lebanon Tax: 1% of Line 3	\$	\$

5. Credits

5a. Lebanon Tax Withheld Per W-2s	\$	
5b. 2005 Estimated Tax Paid to Lebanon	\$	
5c. 2005 Tax Paid Municipality of _____ (Not to exceed 1% of portion taxed per W-2 – See Instructions)	\$	
5d. Prior Year Overpayments	\$	
5e. Total Credits (Add Lines 5a through 5d and Enter Here)	\$	\$
*6. If Line 4 is Greater Than Line 5e, Payment of Balance Must Accompany This Return PENALTY \$ _____ INTEREST \$ _____ LATE FILING FEE \$25.00	\$	\$
7. Overpayment Refunded \$ _____ or Credited \$ _____ to Next Year's Estimate (Line 5e Greater Than Line 4) . . .	\$	\$

No Tax, Refund or Credit of Less than \$5.00 Shall Be Collected or Refunded.

Part B Declaration of Estimated Tax for 2006

THIS SECTION IS REQUIRED TO BE COMPLETED IF NO LOCAL TAX IS WITHHELD.
 FAILURE TO PAY 70% OF YOUR 2006 ESTIMATED TAX DUE BY JANUARY 31, 2007 WILL RESULT IN A PENALTY.

8. Total estimated income subject to tax	\$	\$
9. Lebanon Income Tax Declared (Multiply Line 8 by 1%)	\$	\$
10. Estimated Taxes Withheld from Wages	\$	\$
11. Tax due after Withholding (Line 4 less Line 10) STOP if this amount is less than \$0.00	\$	\$
12. Declaration Due (25% of Line 11)	\$	\$
13. Less credits (from Line 7 above)	\$	\$
14. Net estimated tax due if Line 12 minus Line 13 is greater than zero	\$	\$
15. TOTAL AMOUNT DUE – Combine Line 6 above with Line 14 (Make check payable to the Lebanon Tax Department)	\$	\$

**Subsequent estimated payments are due by the 15th of July, October and January.*

To pay by credit card you must complete the following:

Name _____ Check One: Visa: _____ or Mastercard _____ Daytime Phone Number () - _____
 Visa or Mastercard # _____ - _____ - _____ (16 digits) Card Expiration Date _____ / _____
 Total Amount Authorized \$ _____ For 2005 \$ _____ For 2006 Estimate \$ _____ Signature _____ \$

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RETURN THIS COPY

FORM: IR-2005

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CITY OF LEBANON ACCOUNT NO.



TAXPAYER: EMPLOYER'S NAME: _____
 CITY WHERE EMPLOYED: _____
 SPOUSE: EMPLOYER'S NAME: _____
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FILE WITH CITY OF LEBANON TAX DIV. 50 S. BROADWAY LEBANON, OH 45036-1777 ON OR BEFORE APRIL 17, 2006

FOR OFFICE USE ONLY

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MOVE IN: _____
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DUE APRIL 17, 2006 OR 15th DAY, 4th MONTH AFTER FISCAL YEAR END.

TAXPAYER(S) NAME(S) AND ADDRESS (CORRECT IF NECESSARY)	SOCIAL SECURITY NO.(S)	YES	NO	REQUIRED: ARE YOU A RESIDENT OF THE CITY OF LEBANON?
	LOCAL TELEPHONE NO.			DID YOU FILE A LEBANON INCOME TAX RETURN LAST YEAR? HAS THE IRS INCREASED YOUR TAX LIABILITY FOR ANY YEAR? IF SO, HAS AN AMENDED CITY OF LEBANON RETURN BEEN FILED.

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Part A Tax Calculation			
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3.	Taxable Income: Line 1 Plus or Minus Line 2	\$	\$
4.	Lebanon Tax: 1% of Line 3	\$	\$
5. Credits			
5a.	Lebanon Tax Withheld Per W-2s	\$	
5b.	2005 Estimated Tax Paid to Lebanon	\$	
5c.	2005 Tax Paid Municipality of _____ (Not to exceed 1% of portion taxed per W-2 – See Instructions)	\$	
5d.	Prior Year Overpayments	\$	
5e.	Total Credits (Add Lines 5a through 5d and Enter Here)	\$	\$
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 Total Amount Authorized \$ _____ For 2005 \$ _____ For 2006 Estimate \$ _____ Signature _____ \$

For office use:

NEED TO BE COMPLETED ONLY BY THOSE WHO HAVE TAXABLE INCOME OTHER THAN WAGES OR WHO CLAIM EXPENSES AS A DEDUCTION FROM SUCH WAGES.

- 16. NET PROFIT (LOSS) FROM BUSINESS (ATTACH FEDERAL SCHEDULE C)
17. RENTAL INCOME (ATTACH FEDERAL SCHEDULE E)
18. OTHER INCOME (ATTACH FEDERAL FORMS & SCHEDULES)
19. TOTAL OTHER INCOME combine 16, 17 and 18D

Net loss from a business activity cannot be used to offset wage earnings.

- 20. DEDUCTIONS. (only complete this section if you had allowable Federal Form 2106 deductions or you were a part year resident)
21. ADD LINE 19 (ONLY IF A POSITIVE NUMBER) AND 20 E
CARRY TO LINE 2 PAGE 1

EXAMPLES OF DEDUCTIONS THAT ARE NOT ALLOWED:

Individual Retirement Account (IRA); Simplified Employee Pension (SEP) plan; Keogh (H.R. 10) Retirement Plan; 401-K.

EXTENSION POLICY

If filing date cannot be met, a written request for extension must be forwarded to this office on or before the filing date. Failure to do so can result in assessment of penalty and interest charges. PAY TENTATIVE TAX DUE WITH EXTENSION REQUEST.

*NOTE: UNLESS ACCOMPANIED BY PAYMENT OF THE BALANCE OF THE TAX DECLARED DUE AND AT LEAST ONE FOURTH OF THE ESTIMATED TAX, THIS FORM IS NOT A LEGAL FINAL RETURN OR DECLARATION.

2006 DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 17, 2006
File 2005 Return
File 2006 Declaration
with 1/4 payment

JULY 15, 2006
Make 2nd
quarterly payment

OCTOBER 15, 2006
Make 3rd
quarterly payment

JANUARY 15, 2007
Make 4th
quarterly payment

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN THE TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER
PREPARER'S ADDRESS TELEPHONE NO.
PREPARER'S FID OR SSN

SIGNATURE OF TAXPAYER OR AGENT (REQUIRED TO BE VALID)
DATE