



FILE WITH: CITY OF LEBANON TAX DIV. 50 S. BROADWAY LEBANON, OH 45036-1777 ON OR BEFORE APRIL 16, 2007

FOR OFFICE USE ONLY

Filing Status (Check One)

- C-Corporation
S-Corporation
LLC
Partnership/Association
Fiduciary (Trusts and Estates)

Amended Return
Tax Year: _____

PHONE (513) 932-3060 • FAX (513) 932-2493
FILING REQUIRED EVEN IF NO TAX DUE
LATE FILING WILL RESULT IN PENALTY AND INTEREST CHARGES
FOR YEAR ENDING DECEMBER 31, 2006 OR FOR FISCAL YEAR
BEGINNING: _____ ENDING: _____

IF YOU ARE A NEW BUSINESS, 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: _____

ENTITY NAME AND ADDRESS (CORRECT IF NECESSARY)

FEDERAL ID NO.

DUE APRIL 16, 2007 OR 15th DAY, 4th MONTH AFTER FISCAL YEAR END.

REQUIRED: HAS THE IRS INCREASED YOUR TAX LIABILITY FOR ANY YEAR?... YES NO
IF SO, HAS AN AMENDED LEBANON RETURN BEEN FILED?... YES NO

LEBANON ACCOUNT NO.

BUSINESS TELEPHONE NO.

2006 LEBANON TAX RETURN

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1. TOTAL INCOME FROM PAGE 2 AND ATTACH COPIES OF FEDERAL RETURNS AND SCHEDULES
2. ADJUSTMENTS TO INCOME
a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X [FROM PAGE 2]) . . . ADD \$
b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X [FROM PAGE 2]) . . . DEDUCT \$
c. DIFFERENCE BETWEEN LINES 2a AND 2b TO BE ADDED TO OR SUBTRACTED FROM LINE 1 . . (+ OR -) \$
3. TAXABLE INCOME
a. ADJUSTED NET INCOME (LINE 1 PLUS OR MINUS LINE 2c IF SCHEDULE X IS USED) \$
b. AMOUNT OF LINE 3a APPORTIONED (_____ % FROM STEP 5 SCHEDULE Y) \$
4. AMOUNT SUBJECT TO LEBANON INCOME TAX \$
5. TAX 1% OF LINE 4. \$
6. TAX PAYMENTS AND CREDITS
a. PAYMENTS ON 2006 DECLARATION OF ESTIMATED TAX. \$
b. PRIOR YEAR OVERPAYMENT \$
c. TOTAL CREDITS ALLOWABLE. \$
7. IF LINE 5 IS GREATER THAN LINE 6c PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN 2006 TAX DUE \$
A. PENALTY \$ _____ INTEREST \$ _____ LATE FILING FEE \$25.00 TOTAL \$ _____
B. TOTAL AMOUNT DUE (LINE 7 AND 7A) IF FILING PAST DUE DATE OR EXTENSION DATE \$
If amount due is LESS than \$5.00 you need not pay. No refunds are given under \$5.00.
8. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR'S ESTIMATE
NOTE: NO PRIOR YEAR CARRYOVER LOSSES ALLOWED

DECLARATION OF 2007 ESTIMATED INCOME TAX

THIS SECTION IS REQUIRED TO BE COMPLETED.
FAILURE TO PAY 90% OF YOUR 2007 ESTIMATED TAX DUE WITHIN 30 DAYS OF YOUR 2007 FISCAL YEAR END WILL RESULT IN PENALTY.

9. ENTER TOTAL ESTIMATED 2007 INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY 1% = TOTAL 2007 ESTIMATED TAX \$
10. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN 1/4 OF LINE 8) \$
11. TOTAL AMOUNT DUE AND PAYABLE TO LEBANON TAX DIVISION (LINE 7 PLUS LINE 10)
(MAKE CHECK OR MONEY ORDER PAYABLE TO LEBANON TAX DEPARTMENT) \$

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To pay by credit card you must complete the following:

Name _____ Daytime Phone Number _____
Check One: Visa Mastercard Card # (16 digits) _____ - _____ - _____ - _____ Exp. Date ____ / ____
Total Amount Authorized \$ _____ For 2006 \$ _____ For 2007 Estimate \$ _____ Signature _____ \$

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

SECTION A Adjusted Federal Taxable Income for S-Corporations, Partnerships and Corporations

Ordinary Income for 1120 (Line 28) \$ _____
Ordinary Income for 1120S (Line 21) or 1065 (Line 22) \$ _____
Add Income/Losses reported to shareholders on Schedule K:
Net Income from Rental (Real Estate or Other) \$ _____
Interest \$ _____
Dividends \$ _____
Royalties \$ _____
Capital Gain/(Loss) \$ _____
Other Income/(Loss) \$ _____
Total Additions \$ _____
Less Deductions reported to shareholders on Schedule K:
Charitable Contributions (Limited to 10% of Adjusted Taxable Income) Ordinary Income for 1120 (Line 28) \$ _____
Section 179 Depreciation \$ _____
Other Deductions \$ _____
Total Deductions \$ _____
Adjusted Federal Taxable Income (generally AFTI for S-Corps equal Line 23, Schedule K) \$ _____

SECTION B Total from Federal Schedule D, Form 4797 \$

SECTION C Income from rents – from Schedule E \$

SECTION D All Other Taxable Income \$

TOTAL From Sections A, B, C & D Enter on Page, Line 1 \$

SCHEDULE X Reconciliation with Federal Income Tax Return as Required by ORC Section 718

ITEMS NOT DEDUCTIBLE ADD ITEMS NOT TAXABLE DEDUCT
a. Federally deducted losses from IRC 1221 or 1231 property dispositions \$ _____
b. Five percent of intangible income reported on line O, except that from IRC 1221 property dispositions \$ _____
c. Taxes based on income (State) \$ _____
d. Taxes based on income (City) \$ _____
e. Guaranteed payments or accruals to or for current or former partners or members \$ _____
f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors \$ _____
g. Federally deducted amounts paid or accrued to or for qualified self-employed retirements plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities \$ _____
h. Rental activities by partnership, S corp or LLC, Trusts, Corporations \$ _____
i. Other \$ _____
m. Total (Enter on Line 2a page 1) \$ _____
n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250) \$ _____
o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income \$ _____
p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses \$ _____
q. Not previously deducted IRC Section 179 Expense \$ _____
r. Partnership, S corp, LLC, Corporations, charitable contributions \$ _____
s. Other \$ _____
z. Total (Enter on Line 2b page 1) \$ _____

SCHEDULE Y Business Apportionment Formula
Table with 4 columns: A. LOCATED EVERYWHERE, B. LOCATED IN THIS CITY, C. PERCENTAGE (B ÷ A), and a percentage column. Rows include: STEP 1. ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY, GROSS ANNUAL RENTALS MULTIPLIED BY 8, TOTAL OF STEP 1, STEP 2. GROSS RECEIPTS FROM SALES MADE AND WORK OR SERVICES PERFORMED, STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID, STEP 4. TOTAL PERCENTAGES, STEP 5. AVERAGE PERCENTAGES (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED THEN ENTER ON LINE 3B, PAGE 1).

SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)

Total wages allocated to Lebanon (from Federal Return or apportionment formula) \$ _____
Total wages shown on Form W-3 (Withholding Reconciliation) \$ _____
Please explain any difference: _____

Are any employees leased in the year covered by this return? YES NO

If YES, please provide the name, address, and FID number of the leasing company _____

EXTENSION POLICY: Extensions may, upon request, be granted for filing of the annual return, provided an IRS extension has been secured. EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE BEFORE THE ORIGINAL DUE DATE OF THE RETURN. Only those extension requests received in duplicate with a self-addressed, stamped envelope will have a copy returned after being appropriately marked.