



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

FOR OFFICE USE ONLY

IF TAXPAYER AND SPOUSE ARE FULLY RETIRED WITHOUT TAXABLE INCOME, MARK THIS BOX.

IF YOU OWN RENTAL PROPERTY, PLEASE MARK THIS BOX.

CITY OF LEBANON ACCOUNT NO.

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

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

REQUIRED:
 ARE YOU A RESIDENT OF THE CITY OF LEBANON? YES NO
 DID YOU FILE A LEBANON INCOME TAX RETURN LAST YEAR? ... YES NO
 HAS THE IRS INCREASED YOUR TAX LIABILITY FOR ANY YEAR?.. YES NO
 IF SO, HAS AN AMENDED CITY OF LEBANON RETURN BEEN FILED YES NO

TAXPAYER(S) NAME(S) AND ADDRESS (CORRECT IF NECESSARY)

SOCIAL SECURITY NO.(S)

LOCAL TELEPHONE NO.

SIGN LEBANON TAX RETURN ON PAGE 2

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PART A TAX CALCULATION

1. Total Qualifying Wages (Attach All W-2 forms)	\$ _____	\$ _____
2. Other Taxable Income and/or Deductions from Line 21, Page 2 – See Instructions. Note Page 2 must be completed if you have taxable rental property or business income.	\$ _____	\$ _____
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. 2006 Estimated Tax Paid to Lebanon	\$ _____	
5c. 2006 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	TAX DUE \$ _____	\$ _____
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 2007

THIS SECTION IS REQUIRED TO BE COMPLETED IF NO LOCAL TAX IS WITHHELD. FAILURE TO PAY 90% OF YOUR 2007 ESTIMATED TAX DUE BY JANUARY 15, 2008 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 9 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*
 *Subsequent estimated payments are due by the 15th of July, October and January.

15. TOTAL AMOUNT DUE – Combine Line 6 above with Line 14 (Make check payable to the 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 _____

\$ _____

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)
 - (A) Schedule K-1 Income \$ _____
 - (B) Miscellaneous Income – 1099-MISC \$ _____
 - (C) Schedule F – farm income. \$ _____
 - (D) Gambling and Lottery Winnings \$ _____
 - (E) Total of A-D \$ _____
 - 19. TOTAL OTHER INCOME combine 16, 17 and 18E \$ _____
- Net loss from a business activity cannot be used to offset wage earnings.**
No Loss Carryover Allowed From Prior Years Effective Tax Year 2006.
- 20. DEDUCTIONS (only complete this section if you had allowable Federal Form 2106 deductions or you were a part year resident)
 - (A) Employee business expenses (ATTACH FORM 2106) \$ _____
 - (B) LESS 2% FEDERAL AGI LIMITATION (ATTACH SCHEDULE A) \$ _____
 - (C) Line A minus B (IF ZERO ON LINE A ENTER ZERO) \$ _____
 - (D) Part year residents income exclusion (ATTACH EXPLANATION) \$ _____
 - (E) Total of non taxable income add line C and D \$ _____
 - 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.**

2007 DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 16, 2007
File 2006 Return
File 2007 Declaration
with 1/4 payment

JULY 15, 2007
Make 2nd
quarterly payment

OCTOBER 15, 2007
Make 3rd
quarterly payment

JANUARY 15, 2008
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