



2007

PHONE (513) 228-3122 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 15, 2008

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: \_\_\_\_\_

TAXPAYER(S) NAME(S) AND ADDRESS (CORRECT IF NECESSARY)	SOCIAL SECURITY NO.(S)	<p><b>DUE APRIL 15, 2008</b>  <b>OR 15th DAY, 4th MONTH AFTER FISCAL YEAR END.</b></p> <p><b>REQUIRED:</b>                  ARE YOU A RESIDENT OF THE CITY OF LEBANON? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO                  DID YOU FILE A LEBANON INCOME TAX RETURN LAST YEAR? ... <input type="checkbox"/> YES <input type="checkbox"/> NO                  HAS THE IRS INCREASED YOUR TAX LIABILITY FOR ANY YEAR?... <input type="checkbox"/> YES <input type="checkbox"/> NO                  IF SO, HAS AN AMENDED CITY OF LEBANON RETURN BEEN FILED <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	LOCAL TELEPHONE NO.	

**PART A TAX CALCULATION** FOR OFFICE USE ONLY

1. Total Qualifying Wages (Usually Box 5)(Attach All W-2 Forms) .....	\$	\$
2. Other Taxable Income and/or Deductions form line 21, Page 2 - See Instructions. <b>Note Page 2 must be completed if you have taxable rental property or business income.</b> .....	\$	\$
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. 2007 Estimated Tax Paid to Lebanon .....	\$	
5c. 2007 Tax Paid Municipality of _____ (Not to exceed 1% of portion taxed per W-2 - See Instruction) .....	\$	
5d. Prior Year Overpayment .....	\$	
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 .....	<b>TAX DUE</b> \$	\$
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 2008** THIS SECTION IS REQUIRED TO BE COMPLETED IF NO LOCAL TAX IS WITHHELD. FAILURE TO PAY 90% OF YOUR 2008 ESTIMATED TAX DUE BY JANUARY 15, 2009 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) <b>STOP</b> 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.		
<b>15. TOTAL AMOUNT DUE</b> - Combine Line 6 above with Line 14 (Make checks payable to the Lebanon Tax Department) .....	\$	\$

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 2007 \$ \_\_\_\_\_ For 2008 Estimate \$ \_\_\_\_\_ Signature \_\_\_\_\_

\$

FOR OFFICE USE ONLY

**COMPLETE ONLY BY THOSE WHO HAVE TAXABLE INCOME OTHER THAN WAGES OR  
WHO CLAIMS 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 (ATTACH K-1 AND SCHEDULE E) ..... \$ \_\_\_\_\_

(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 2007.**

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.**

**2008 DECLARATION AND RETURN PAYMENT CALENDAR**

APRIL 15, 2008  
File 2007 Return  
File 2008 Declaration  
with 1/4 payment

JULY 15, 2008  
Make 2nd  
quarterly payment

OCTOBER 15, 2008  
Make 3rd  
quarterly payment

JANUARY 15, 2009  
Make 4th  
quarterly payment

Do you want to allow another person to discuss this return with Lebanon Tax Department?  Yes, Complete the following.  No

**Third Party Designee**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ ( ) \_\_\_\_\_ Personal Identification number (PIN) \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature, If a joint return, both must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or your if self-employed), address, and ZIP code	EIN	Phone no. ( )	