

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

MAKE CHECK PAYABLE TO:

CITY OF LEBANON
 INCOME TAX DEPARTMENT
 50 S. BROADWAY
 LEBANON, OH 45036-1777

PHONE 513-932-3060

EIN NO:

PIN:

ACCOUNT NO:

MAILING LABELS
 PROVIDED
 MAKE COPY FOR
 YOUR RECORDS

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

1. Taxable Earnings Paid All Employees
 Subject To City Income Tax
2. City Income Tax 1% of Line 1
3. Actual Tax Withheld in Quarter for City
 Income Tax
4. Adjustments of Tax for Prior Quarter
5. Penalty / Interest
6. Total, Include Interest and Penalty Paid if any

DOLLARS	CENTS

Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX
 DUE FOR THE PERIOD

DUE ON OR BEFORE: **APRIL 15, 2008**

FOR THE MONTHS OF: **JAN, FEB, MAR 2008**

(SIGNED) _____

(OFFICIAL TITLE) _____ PHONE _____

I HEREBY CERTIFY THAT THE INFORMATION AND
 STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT

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DOLLARS	CENTS

Number of Taxable Employees

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 DUE FOR THE PERIOD

DUE ON OR BEFORE: **JULY 15, 2008**

FOR THE MONTHS OF: **APR, MAY, JUN 2008**

(SIGNED) _____

(OFFICIAL TITLE) _____ PHONE _____

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DOLLARS	CENTS

Number of Taxable Employees

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 DUE FOR THE PERIOD

DUE ON OR BEFORE: **OCTOBER 15, 2008**

FOR THE MONTHS OF: **JUL, AUG, SEP 2008**

(SIGNED) _____

(OFFICIAL TITLE) _____ PHONE _____

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DOLLARS	CENTS

Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX
 DUE FOR THE PERIOD

DUE ON OR BEFORE: JANUARY 15, 2009

FOR THE MONTHS OF: OCT, NOV, DEC, 2008

(SIGNED) _____

(OFFICIAL TITLE) _____ PHONE _____

I HEREBY CERTIFY THAT THE INFORMATION AND
 STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT

W-3 INSTRUCTIONS

ALL EMPLOYERS MUST COMPLETE THE RECONCILIATION FORM BELOW AND FILE THIS REPORT BEFORE FEBRUARY 28, 2009

Pursuant to Ordinance Section 151.060 on or before Feb. 28 each year, each employer shall file a withholding return on a form or forms prescribed by and obtainable from the Tax Commissioner, setting forth the names and addresses of all employees from whose compensation the tax was withheld during the preceding year, and the amount of tax withheld from the listed employees and such other information as may be required by the rules and regulations adopted. The total amount of compensation paid each employee shall be shown, even though (in the case of nonresidents) such compensation may not have been fully subject to Lebanon tax and withholding. If some other city's income tax was also withheld, please so indicate in the extreme right hand column below. Continue on the reverse side or attach additional sheets of this same size if space requirements below are inadequate. Additional copies of this form are available upon request. Employers desiring to submit copies of W-2 forms or other type listings which provide the required information may do so in lieu of the listing form below. When submitting W-2 forms, please attach Form W-3 to top of stack. If item 7 below indicates overpayment, the possibility of a refund may be discussed with the Tax Division. If additional tax is indicated, attach payment when filing.

NAME AND ADDRESS OF EMPLOYEE	TOTAL EARNINGS FOR THE YEAR	LEBANON TAX WITHHELD	OTHER CITY TAX WITHHELD
TOTAL THIS PAGE			
TOTAL ALL PAGES			

WITHHOLDING TAX RECONCILIATION FOR 2008

MAIL TO: INCOME TAX DEPARTMENT
 (LABEL PROVIDED) 50 S. BROADWAY
 LEBANON, OH 45036-1777

1. TOTAL NUMBER OF TAXABLE EMPLOYEES
2. TOTAL PAYROLL FOR THE YEAR \$
3. LESS PAYROLL NOT SUBJECT TO TAX \$
4. PAYROLL SUBJECT TO TAX \$

5. WITHHOLDING TAX LIABILITY 1% OF LINE 4
6. TOTAL INCOME TAX WITHHELD FROM WAGE AS SHOWN BY
 LINE 1, EMPLOYERS QUARTERLY RETURNS (W-1)
 QUARTER ENDING MARCH 31 \$
- QUARTER ENDING JUNE 30 \$
- QUARTER ENDING SEPTEMBER 30 \$
- QUARTER ENDING DECEMBER 31 \$

ACCOUNT NO. _____

TOTAL FOR YEAR 2008 \$

7. OVERPAYMENT \$ OR TAX DUE \$

MUST BE FILED ON OR BEFORE FEBRUARY 28, 2009
 ATTACH COPIES OF W-2 FORMS AND INCLUDE
 1099 MISC FORMS

— TAX OFFICE USE ONLY —