

W-3 INSTRUCTIONS

ALL EMPLOYERS MUST COMPLETE THE RECONCILIATION FORM BELOW AND FILE THIS REPORT BEFORE FEBRUARY 28, 2010

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 to 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 2009

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 OF 1% OF LINE 4..... \$ _____
6. TOTAL INCOME TAX WITHHELD FROM WAGE AS SHOWN BY LINE 1, EMPLOYERS MONTHLY RETURNS (W-1)
 - QUARTER ENDING MARCH 31 \$ _____
 - QUARTER ENDING JUNE 30 \$ _____
 - QUARTER ENDING SEPTEMBER 30..... \$ _____
 - QUARTER ENDING DECEMBER 31 \$ _____
- TOTAL FOR YEAR 2009 \$ _____
7. OVERPAYMENT \$ _____ OR TAX DUE \$ _____

**MAIL TO: INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OH 45036-1777**

**MUST BE FILED ON OR BEFORE FEBRUARY 28, 2010
ATTACH COPIES OF W-2 FORMS AND INCLUDE 1099 MISC FORMS**

TAX OFFICE USE ONLY

TAXPAYER'S MONTHLY PAYMENT RECORD

MONTH	LIABILITY	PAYMENT DATE	PAYMENT
JAN			
FEB			
MAR			
APR			
MAY			
JUN			
JULY			
AUG			
SEP			
OCT			
NOV			
DEC			