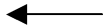


**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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

**PHONE 513-932-3060**

MAKE CHECK PAYABLE TO:



MAILING LABELS  
 PROVIDED  
 MAKE COPY FOR  
 YOUR RECORDS

**EIN NO:**

**ACCOUNT NO:**

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

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

Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX DUE FOR THE PERIOD

**DUE ON OR BEFORE: FEBRUARY 15, 2007**

FOR THE MONTH OF: **JANUARY, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_ PHONE \_\_\_\_\_

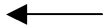
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Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX DUE FOR THE PERIOD

**DUE ON OR BEFORE: MARCH 15, 2007**

FOR THE MONTH OF: **FEBRUARY, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_ PHONE \_\_\_\_\_

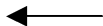
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**CITY OF LEBANON**  
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 LEBANON, OH 45036-1777

**PHONE 513-932-3060**

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**ACCOUNT NO:**

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6. Total, Include Interest and Penalty Paid if any .....		

Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX DUE FOR THE PERIOD

**DUE ON OR BEFORE: APRIL 15, 2007**

FOR THE MONTH OF: **MARCH, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_ PHONE \_\_\_\_\_

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

**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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

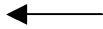
**PHONE 513-932-3060**

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**ACCOUNT NO:**

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5. Penalty / Interest .....
6. Total, Include Interest and Penalty Paid if any .....

**DOLLARS      CENTS**

DOLLARS	CENTS

Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX DUE FOR THE PERIOD

**DUE ON OR BEFORE: MAY 15, 2007**

**FOR THE MONTH OF: APRIL, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_ PHONE \_\_\_\_\_

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

**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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

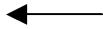
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**DOLLARS      CENTS**

DOLLARS	CENTS

Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX DUE FOR THE PERIOD

**DUE ON OR BEFORE: JUNE 15, 2007**

**FOR THE MONTH OF: MAY, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_ PHONE \_\_\_\_\_

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**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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

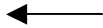
**PHONE 513-932-3060**

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**ACCOUNT NO:**

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6. Total, Include Interest and Penalty Paid if any .....

**DOLLARS      CENTS**

DOLLARS	CENTS

Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX DUE FOR THE PERIOD

**DUE ON OR BEFORE: JULY 15, 2007**

**FOR THE MONTH OF: JUNE, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_ PHONE \_\_\_\_\_

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**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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

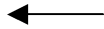
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6. Total, Include Interest and Penalty Paid if any .....		

Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX DUE FOR THE PERIOD

**DUE ON OR BEFORE: AUGUST 15, 2007**

**FOR THE MONTH OF: JULY, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_ PHONE \_\_\_\_\_

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**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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

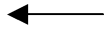
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5. Penalty / Interest .....		
6. Total, Include Interest and Penalty Paid if any .....		

Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX DUE FOR THE PERIOD

**DUE ON OR BEFORE: SEPTEMBER 15, 2007**

**FOR THE MONTH OF: AUGUST, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_ PHONE \_\_\_\_\_

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**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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

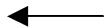
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**ACCOUNT NO:** \_\_\_\_\_

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6. Total, Include Interest and Penalty Paid if any .....		

Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX DUE FOR THE PERIOD

**DUE ON OR BEFORE: OCTOBER 15, 2007**

**FOR THE MONTH OF: SEPTEMBER, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_ PHONE \_\_\_\_\_

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**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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

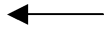
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**DOLLARS      CENTS**

DOLLARS	CENTS

Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX DUE FOR THE PERIOD

**DUE ON OR BEFORE: NOVEMBER 15, 2007**

**FOR THE MONTH OF: OCTOBER, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_ PHONE \_\_\_\_\_

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

**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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

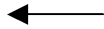
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**DOLLARS      CENTS**

DOLLARS	CENTS

Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX DUE FOR THE PERIOD

**DUE ON OR BEFORE: DECEMBER 15, 2007**

**FOR THE MONTH OF: NOVEMBER, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_ PHONE \_\_\_\_\_

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**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

**CITY OF LEBANON**  
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LEBANON, OH 45036-1777

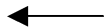
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**DOLLARS      CENTS**

DOLLARS	CENTS

Number of Taxable Employees

PLEASE SEND EVEN IF NO TAX DUE FOR THE PERIOD

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

**FOR THE MONTH OF: DECEMBER, 2007**

(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, 2008**

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 2007**

LEBANON DEPARTMENT OF TAXATION  
50 S. BROADWAY  
LEBANON OH 45036-1777

← MAIL TO:  
(LABEL PROVIDED)

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

ACCOUNT NO. \_\_\_\_\_

- 5. WITHHOLDING TAX LIABILITY 1% OF LINE 4 .....
- 6. TOTAL INCOME TAX WITHHELD FROM WAGE AS SHOWN BY LINE 1, EMPLOYER'S MONTHLY RETURNS (W-1)
  - QUARTER ENDING MARCH 31 \$ .....
  - QUARTER ENDING JUNE 30 \$ .....
  - QUARTER ENDING SEPTEMBER 30 \$ .....
  - QUARTER ENDING DECEMBER 31 \$ .....
  - TOTAL FOR YEAR 2007 \$ .....
- 7. OVERPAYMENT \$                      OR TAX DUE \$ .....

MUST BE FILED ON OR BEFORE FEBRUARY 28, 2008  
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			
JUL			
AUG			
SEP			
OCT			
NOV			
DEC			
TOTAL			