

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

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

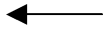
PHONE 513-932-3060

EIN NO:

ACCOUNT NO:

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

MAKE CHECK PAYABLE TO:



MAILING LABELS
PROVIDED
MAKE COPY FOR
YOUR RECORDS

	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 Quarter for City Income Tax		
4. Adjustments of Tax for Prior Quarter		
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: APRIL 15, 2007

FOR THE MONTHS OF: JAN, FEB, MAR 2007

(SIGNED) _____

(OFFICIAL TITLE) _____ PHONE _____

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

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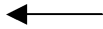
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DUE ON OR BEFORE: JULY 15, 2007

FOR THE MONTHS OF: APR, MAY, JUN 2007

(SIGNED) _____

(OFFICIAL TITLE) _____ PHONE _____

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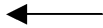
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Number of Taxable Employees

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DUE ON OR BEFORE: OCTOBER 15, 2007

FOR THE MONTHS OF: JUL, AUG, SEPT 2007

(SIGNED) _____

(OFFICIAL TITLE) _____ PHONE _____

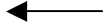
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50 S. BROADWAY
LEBANON, OH 45036-1777

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Number of Taxable Employees <input type="text"/>		

PLEASE SEND EVEN IF NO TAX DUE FOR THE PERIOD

DUE ON OR BEFORE: JANUARY 15, 2008

FOR THE MONTHS OF: OCT, NOV, DEC 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)

- TOTAL NUMBER OF TAXABLE EMPLOYEES
- TOTAL PAYROLL FOR THE YEAR \$
- LESS PAYROLL NOT SUBJECT TO TAX \$
- PAYROLL SUBJECT TO TAX \$

ACCOUNT NO. _____

- WITHHOLDING TAX LIABILITY 1% OF LINE 4
- 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 \$
 TOTAL FOR YEAR 2007 \$
- 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 —