

EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**4**

		DO NOT ROUND
1.	Taxable Earnings Paid All Employees Subject To City Income Tax ..	1. \$
2.	City Income Tax 1% of Line 1.....	2. \$
3.	Actual Tax Withheld in Month for City Income Tax	3. \$
4.	Adjustments of Tax for Prior Month.....	4. \$
5.	Penalty/Interest	5. \$
6.	Total, Include Interest and Penalty if any.....	6. \$

Number of Taxable Employees..... _____

FILING REQUIRED EVEN IF NO
TAX DUE FOR THE PERIODDUE ON OR BEFORE
MAY 15, 2010FOR THE MONTH OF
APRIL, 2010**MAKE CHECK PAYABLE TO:****CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OH 45036-1777****PHONE: (513) 933-7205****EIN NO: PIN:****ACCOUNT NO:**NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY
CHANGES IN OWNERSHIP OR NAME AND ADDRESS

(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****5**

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Number of Taxable Employees..... _____

FILING REQUIRED EVEN IF NO
TAX DUE FOR THE PERIODDUE ON OR BEFORE
JUNE 15, 2010FOR THE MONTH OF
MAY, 2010**MAKE CHECK PAYABLE TO:****CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OH 45036-1777****PHONE: (513) 933-7205****EIN NO: PIN:****ACCOUNT NO:**NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY
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Number of Taxable Employees..... _____

FILING REQUIRED EVEN IF NO
TAX DUE FOR THE PERIODDUE ON OR BEFORE
JULY 15, 2010FOR THE MONTH OF
JUNE, 2010**MAKE CHECK PAYABLE TO:****CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OH 45036-1777****PHONE: (513) 933-7205****EIN NO: PIN:****ACCOUNT NO:**NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY
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W-3 INSTRUCTIONS

ALL EMPLOYERS MUST COMPLETE THE RECONCILIATION FORM BELOW AND FILE THIS REPORT BEFORE FEBRUARY 28, 2011

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 2010

- 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 2010..... \$ _____
- 7. OVERPAYMENT \$ _____ OR TAX DUE \$ _____

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

ACCOUNT NO:

NAME:

ADDRESS:

**MUST BE FILED ON OR BEFORE FEBRUARY 28, 2011
ATTACH COPIES OF W-2 FORMS AND INCLUDE 1099 MISC FORMS**

TAXPAYER'S MONTHLY PAYMENT RECORD

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