

**VILLAGE OF SOUTH LEBANON INCOME TAX
ANNUAL RECONCILIATION FORM
99 N. High Street, P.O. Box 40, South Lebanon, OH 45065**

Reconciliation of Payroll Withheld

Tax Year _____

Attach a copy of each employee's W-2-----Number of W-2's Attached: _____

1. Total Number of 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 \$_____

Total South Lebanon Income Tax Withheld During Year For:

- | | |
|--|---------|
| First quarter ending March 31 | \$_____ |
| Second quarter ending June 30 | \$_____ |
| Third quarter ending September 30 | \$_____ |
| Fourth quarter ending December 31 | \$_____ |
| 6. Total remitted for the year | \$_____ |
| 7. Overpayment \$_____ or additional tax due \$_____ | |

*******THIS FORM MUST BE FILED BY FEBRUARY 28TH*******
All W-2's must accompany this reconciliation form.

Name of Employer: _____

Street Address _____ City _____ State _____ Zip _____

Federal ID# _____

I hereby certify the above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Title: _____ Telephone No. () _____

First Quarter due April 30 – Second Quarter due July 31 – Third Quarter due October 31 – Fourth Quarter due January 31
Monthly payments are due at the end of each month.