

BUSINESS - 2017 INCOME TAX RETURN SOUTH LEBANON

Fiscal Period _____ to _____

Federal Schedules MUST be attached to this return.

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SOUTH LEBANON - TAX DEPT.

99 N HIGH STREET
PO BOX 40
SOUTH LEBANON OH 45065

Voice 513-494-2296 Ext Fax 513-494-1656
tax@southlebanonohio.org

Federal ID# _____

Business Telephone No. _____

Principal Business Activity
NAICS Code _____

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

CORPORATION ESTATE
 SOLE PROPRIETOR TRUST
 PARTNERSHIP FIDUCIARY
 S-CORPORATION
 OTHER _____

Name _____

And _____

Address _____

1 Total taxable income	1	
2 Adjustments (See Schedule X)	2	
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3	
4 Allocation percentage (See Schedule Y)	4	%
5 Adjusted Net Income (Multiply line 3 by line 4)	5	
6 Allocable Net Loss Carry Forward	6	
7 South Lebanon Taxable income (Line 5 minus Line 6)	7	
8 South Lebanon income tax (Multiply line 7 by 1.000%)	8	
9 Credits applied from previous year(s) to this year's liability	9	
10 Estimates paid on this year's liability	10	
11 Other credits	11	
12 Total credits (Total line 9, 10 and 11)	12	
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.00	13	
14 Penalty	14	
15 Interest	15	
16 Total due (Total line 13, 14 and 15)	16	
17 Overpayment (Issued if greater than 10.00)	17	
18 Amount to be refunded	18	
19 Amount to be credited to next year	19	

Declaration of Estimate For 2018

20 Total estimated income subject to tax	20	
21 Estimated tax due. (Multiply line 20 by 1.000%)	21	
22 Less credits (from 19 above)	22	
23 Net estimated tax due (subtract line 22 from line 21)	23	
24 Minimum amount due for first quarter (Multiply line 23 by 25%)	24	

Amount You Owe

25 Total amount due (add lines 16 and 24)	25	
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

By signing this return, I declare this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and the figures.

TaxPayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer)

Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT

ACCOUNT NUMBER

SECURITY PIN CARD EXPIRATION

AMOUNT CARD HOLDER SIGNATURE - SIGN HERE

May VILLAGE OF SOUTH LEBANON discuss this return with the preparer shown above ___Yes ___No