

# BUSINESS - 2016 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 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 <input style="width: 100px;" type="text"/>
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8 ) If greater than 10.00			13 <input style="width: 100px;" type="text"/>
14 Penalty	14		
15 Interest	15		
16 Total due (Total line 13, 14 and 15)			16 <input style="width: 100px;" type="text"/>
17 Overpayment ( Issued if greater than 10.00 )			17 <input style="width: 100px;" type="text"/>
18 Amount to be refunded	18		
19 Amount to be credited to next year	19		

### Declaration of Estimate For 2017

20 Total estimated income subject to tax	20		
21 Estimated tax due. (Multiply line 20 by 1.000%)			21 <input style="width: 100px;" type="text"/>
22 Less credits (from 19 above)			22 <input style="width: 100px;" type="text"/>
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 <input style="width: 100px;" type="text"/>

### 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