

tax@southlebanonohio.org

EMPLOYER'S RETURN OF TAXES WITHHELD
MONTHLY/QUARTERLY
VILLAGE OF SOUTH LEBANON

Form VSEW

This form must be submitted each period even if no tax is due.

- 1. Taxable earnings paid all employees subject to South Lebanon Income Tax: \$ _____
- 2. 1% tax withheld from employee's wages: ----- \$ _____
- 3. Adjustments of tax from prior month/quarter: ----- \$ _____
- 4. Interest: ----- \$ _____
- 5. TOTAL ----- \$ _____

- For period:
- Jan. thru March, 20__ Due 04/30
 - April thru June, 20__ Due 07/31
 - July thru Sept., 20__ Due 10/31
 - Oct. thru Dec., 20__ Due 01/31
 - Month of _____ Due End of following month

Employer Name: _____ Address: _____

Federal ID Number: _____
Address _____ Suite No. _____
City _____ State _____ Zip Code _____

Telephone No. () _____

SIGNATURE: _____ TITLE: _____ DATE: _____

Notify Income Tax Department Promptly of any changes in ownership, name or address.