

BUSINESS - 2022 INCOME TAX RETURN SOUTH LEBANON

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

10 N HIGH STREET
SOUTH LEBANON OH 45065

Voice 513-494-2296 Option 3 Fax 513-672-9599
tax@southlebanonohio.org

Fiscal Period _____ to _____

Federal Schedules MUST be attached to this return.

Federal ID#

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

1	
2	
3	
4	%
5	
6	
7	
8	
9	
10	
11	

12	
13	
14	
15	
16	
17	

Declaration of Estimate For 2023

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

20	
21	
22	
23	

21	
22	
23	
24	

Amount You Owe

- 25 Total amount due (add lines 16 and 24)

25	
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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.

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

TaxPayer's Signature

Date

Tax Preparer's Signature
(If other than taxpayer)

Date

Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACCOUNT NUMBER															
																		
SECURITY PIN		CARD EXPIRATION																
AMOUNT				CARD HOLDER SIGNATURE - SIGN HERE														

May CITY OF SOUTH LEBANON discuss this return with the preparer shown above ____Yes ____No

SECTION A Adjusted Federal Taxable Income for S-Corporations, Partnerships and Corporations

1. Federal taxable income before net operating losses and special deductions per attached federal return (form 1120 Line 28; form 1120S, Schedule K, Line 18; form 1065, Schedule K, Page 5, Line 1; form 1041, Line 17; 990T, Line 30; form 1120-REIT, Line 20) ... 1 \$ _____
2. Items not deductible (from line m below) 2 \$ _____
3. Items not taxable (from line z below) 3 \$ _____
4. Subtract line 3 from line 2 and enter the result here 4 \$ _____
5. Adjusted Federal taxable income (add lines 1 & 4) 5 \$ _____

SCHEDULE X Reconciliation with Federal Income Tax Return as Required by ORC Section 718

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Federally deducted losses from IRC 1221 or 1231 property dispositions \$ _____		n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250) \$ _____	
b. Five percent of intangible income reported on line O, except that from IRC 1221 property dispositions \$ _____		o. Federally reported intangible income such as, but not limited to interest, dividends, patent and copyright income \$ _____	
c. Taxes based on income (State) \$ _____		p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses \$ _____	
d. Taxes based on income (City) \$ _____		q. Not previously deducted IRC Section 179 Expense \$ _____	
e. Guaranteed payments or accruals to or for current or former partners or members \$ _____		r. Partnership, S Corp, LLC, Corporations, charitable contributions \$ _____	
f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors \$ _____		s. Other \$ _____	
g. Federally deducted amounts paid or accrued to or for qualified self-employed retirements plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities \$ _____			
h. Rental activities by partnership, S Corp or LLC, Trusts, Corporations \$ _____			
i. Other \$ _____			
m. Total (Add lines a to i and Enter on line 2 above) \$ _____		z. Total (Add lines n to s and Enter on line 3 above) \$ _____	

SCHEDULE Y Business Apportionment Formula

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B ÷ A)
STEP 1. ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8.	\$ _____	\$ _____	
TOTAL OF STEP 1.	\$ _____	\$ _____	
STEP 2. GROSS RECEIPTS FROM SALES MADE AND WORK OR SERVICES PERFORMED \$ _____	\$ _____	\$ _____	
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID \$ _____	\$ _____	\$ _____	
STEP 4. TOTAL PERCENTAGES.			
STEP 5. AVERAGE PERCENTAGES (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED THEN ENTER ON LINE 2, PAGE 1)			

SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)

Total wages allocated to **South Lebanon** from Federal Return or apportionment formula) \$ _____

Total wages shown on Form W-3 (Withholding Reconciliation) \$ _____

Please explain any difference: _____

Are any employees leased in the year covered by this return? YES NO

If YES, please provide the name, address, and FID number of the leasing company _____

EXTENSION POLICY: Any business that has duly requested an automatic six month extension for filing the taxpayer's federal income tax return shall automatically receive an extension for filing of a municipal income tax return. An extension of time to file is not an extension of time to pay.