FORM W1 1128 **EMPLOYER'S WITHHOLDING - MONTHLY** 2. Total Salaries, Wages, Commissions and other Signed _ Title_ 4. Actual Tax Withheld at 1.000 %..... Phone # _ 7. Penalty 50%..... NOW ACCEPTING MASTERCARD, VISA AND DISCOVER Name

And

Address

Tax Year 2022

I hereby certify that the information and statements contained here
in and in any schedules or exhibits attached are true and correct.

THIS RETURN MUST BE FILED ON OR BEFORE FEBRUARY 15, 2022

MAKE CHECK OR MONEY ORDER TO:

CITY OF SOUTH LEBANON -TAX DEPT. 10 N HIGH STREET SOUTH LEBANON OH 45065

Voice 513-494-2296 Ext 2 Fax 513-494-1656

Period Ending JANUARY

TAX ID

1. Number of Taxable Employees	T V 2000
Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2022 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
	Signed
3. Taxable Earnings (from line 2)	Title Date
4. Actual Tax Withheld at 1.000 %	Phone #
5. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
6. Interest: .583% per month	OR BEFORE MARCH 15, 2022
7. Penalty 50%	MAKE CHECK OR MONEY ORDER TO:
3. Total (Include Interest and Penalty if Due)	CITY OF SOUTH LEBANON -TAX DEPT. 10 N HIGH STREET
Name	SOUTH LEBANON OH 45065
And	Voice 513-494-2296 Ext 2 Fax 513-494-1656
Address	Period Ending FEBRUARY
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1128 EMPLOYER'S WIT	
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5. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
i. Interest: .583% per month	OR BEFORE MAY 15, 2022
'. Penalty 50%	MAKE CHECK OR MONEY ORDER TO:
3. Total (Include Interest and Penalty if Due)	CITY OF SOUTH LEBANON -TAX DEPT.
NOW ACCEPTING MASTERCARD, VISA AND DISCOVER	10 N HIGH STREET
Name	SOUTH LEBANON OH 45065
And	Voice 513-494-2296 Ext 2 Fax 513-494-1656
Address	Period Ending APRIL
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
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. Number of Taxable Employees	Tax Year 2022 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title
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	Signed
B. Taxable Earnings (from line 2)	Title Date
Actual Tax Withheld at 1.000 %	Phone #
5. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
Interest: 583% per month	OR BEFORE JULY 15, 2022
'. Penalty 50%	MAKE CHECK OR MONEY ORDER TO:
B. Total (Include Interest and Penalty if Due)	CITY OF SOUTH LEBANON -TAX DEPT.
NOW ACCEPTING MASTERCARD, VISA AND DISCOVER	10 N HIGH STREET
Name	SOUTH LEBANON OH 45065
And	Voice 513-494-2296 Ext 2 Fax 513-494-1656
Address	Period Ending JUNE
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	NOTICY INCOME TAY DEPARTMENT PROMPTLY OF ANY CHANCE IN OWNERSHIP OF NAME AND ADDRESS
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1. Number of Taxable Employees	
2. Total Calarias Wagas Commissions and other	Tax Year 2022
Compensation paid all employees	I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
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3. Taxable Earnings (from line 2)	Date
4. Actual Tax Withheld at 1.000 %	Phone #
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6. Interest: .583% per month	OR BEFORE SEPTEMBER 15, 2022
'. Penalty 50%	MAKE CHECK OR MONEY ORDER TO:
B. Total (Include Interest and Penalty if Due)	CITY OF SOUTH LEBANON -TAX DEPT.
NOW ACCEPTING MASTERCARD, VISA AND DISCOVER	10 N HIGH STREET
Name	SOUTH LEBANON OH 45065
And	Voice 513-494-2296 Ext 2 Fax 513-494-1656
Address	Period Ending AUGUST
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NOW ACCEPTING MASTERCARD, VISA AND DISCOVER	10 N HIGH STREET
Name	SOUTH LEBANON OH 45065
And	Voice 513-494-2296 Ext 2 Fax 513-494-1656
Address	Period Ending OCTOBER
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	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1128 EMPLOYER'S WITHH	HOLDING - MONTHLY
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Name

And

Address

Tax Year 2022

I hereby certify that the information and statements cont	ained here
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 Signed

 Date

THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2023

MAKE CHECK OR MONEY ORDER TO:

CITY OF SOUTH LEBANON -TAX DEPT. 10 N HIGH STREET SOUTH LEBANON OH 45065

Voice 513-494-2296 Ext 2 Fax 513-494-1656

Period Ending DECEMBER

Phone # _

TAX ID