

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Actual Tax Withheld at 1.000 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. Interest: .583% per month.	6	
7. Penalty 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

And

Address

Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE FEBRUARY 15, 2024

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 3 Fax 513-672-9599

Period Ending JANUARY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
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NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

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Tax Year 2024

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE MARCH 15, 2024

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 3 Fax 513-672-9599

Period Ending FEBRUARY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
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NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

And

Address

Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 15, 2024

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 3 Fax 513-672-9599

Period Ending MARCH

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
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5. Adjustments of Tax for Prior Period.	5	
6. Interest: .583% per month.	6	
7. Penalty 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

And

Address

Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE MAY 15, 2024

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 3 Fax 513-672-9599

Period Ending APRIL

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
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8. Total (Include Interest and Penalty if Due).	8	

NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

And

Address

Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE JUNE 15, 2024

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 3 Fax 513-672-9599

Period Ending MAY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
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NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

And

Address

Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE JULY 15, 2024

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 3 Fax 513-672-9599

Period Ending JUNE

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
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NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

And

Address

Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE AUGUST 15, 2024

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 3 Fax 513-672-9599

Period Ending JULY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
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NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

And

Address

Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 15, 2024

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 3 Fax 513-672-9599

Period Ending AUGUST

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
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NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

And

Address

Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15, 2024

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 3 Fax 513-672-9599

Period Ending SEPTEMBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

And

Address

Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE NOVEMBER 15, 2024**

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 3 Fax 513-672-9599

Period Ending OCTOBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

And

Address

Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE DECEMBER 15, 2024**

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 3 Fax 513-672-9599

Period Ending NOVEMBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

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Address

Tax Year 2024

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

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE JANUARY 15, 2025

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 3 Fax 513-672-9599

Period Ending DECEMBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.