## 

Name

And

Address

## Tax Year 2024

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

 Signed
 \_\_\_\_\_\_\_

 Title
 \_\_\_\_\_\_\_

 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

1. Number of Taxable Employees	_ ,,,
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	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
B. Taxable Earnings (from line 2)	Date
I. Actual Tax Withheld at 1.000 %	Phone #
i. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
Interest: 583% per month.	OR BEFORE MARCH 15, 2024
. Penalty 50%	MAKE CHECK OR MONEY ORDER TO:
3. Total (Include Interest and Penalty if Due)	-
IOW ACCEPTING MASTERCARD, VISA AND DISCOVER	CITY OF SOUTH LEBANON -TAX DEPT.  10 N HIGH STREET
Name	SOUTH LEBANON OH 45065
And	Voice 513-494-2296 Ext 3 Fax 513-672-9599
Address	5
Addiess	Period Ending FEBRUARY
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1128 EMPLOYER'S WITHHOLDING  1. Number of Taxable Employees. 1  2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 2	Tax Year 2024 I hereby certify that the information and statements contained he
. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed
. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title  Date
. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct  Signed  Title  Date  Phone #
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	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON
1   2   2   2   2   2   2   2   2   2	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title
1. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he 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:
1   2   2   2   2   2   2   2   2   2	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title
. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he 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:
Number of Taxable Employees. 1 Total Salaries, Wages, Commissions and other compensation paid all employees. 2  Taxable Earnings (from line 2). 3 Actual Tax Withheld at 1.000 %. 4 Adjustments of Tax for Prior Period. 5 Interest: .583% per month. 6 Penalty 50%. 7 Total (Include Interest and Penalty if Due). 8  IOW ACCEPTING MASTERCARD, VISA AND DISCOVER	Tax Year 2024  I hereby certify that the information and statements contained he 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
Number of Taxable Employees. 1 Total Salaries, Wages, Commissions and other ompensation paid all employees. 2  Taxable Earnings (from line 2). 3 Actual Tax Withheld at 1.000 %. 4 Adjustments of Tax for Prior Period. 5 Interest: .583% per month. 6 Penalty 50%. 7 Total (Include Interest and Penalty if Due). 8  OW ACCEPTING MASTERCARD, VISA AND DISCOVER  Name	Tax Year 2024  I hereby certify that the information and statements contained he 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

1. Number of Taxable Employees	Tax Year 2024
Total Salaries, Wages, Commissions and other 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.
	Signed
. Taxable Earnings (from line 2)	
I. 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 MAY 15, 2024
'. Penalty 50%	MAKE CHECK OR MONEY ORDER TO:
. 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	V : 540 404 0000 F : 0 F : 540 070 070
Allu	Voice 513-494-2296 Ext 3 Fax 513-672-9599
Address	Period Ending APRIL
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
	NOTH FINOSINE PAR DEL ACTINENT FROM TEL OF AUT OF MICE IN OTHER OF IN OCCUPANCE OF
	NOTIFICACINE TAX BET ANTIBELLET TO ANTIGUING IN OWNER OF ITS AND ADDRESS.
FORM W1 1128 EMPLOYER'S WITHHO	
	LDING - MONTHLY
. Number of Taxable Employees	LDING - MONTHLY Tax Year 2024
. Number of Taxable Employees	LDING - MONTHLY
. Number of Taxable Employees	LDING - MONTHLY  Tax Year 2024  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed
1. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed  Title  Date
1. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed
1. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed  Title  Phone #
1. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained her 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
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         3. Total (Include Interest and Penalty if Due).       8	Tax Year 2024  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed  Title  Phone #  THIS RETURN MUST BE FILED ON  OR BEFORE JUNE 15, 2024  MAKE CHECK OR MONEY ORDER TO:
EMPLOYER'S WITHHO	Tax Year 2024  I hereby certify that the information and statements contained her 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
. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained her 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.
Number of Taxable Employees.  Total Salaries, Wages, Commissions and other Compensation paid all employees.  Taxable Earnings (from line 2).  Actual Tax Withheld at 1.000 %.  Adjustments of Tax for Prior Period.  Interest: .583% per month.  Penalty 50%.  Total (Include Interest and Penalty if Due).  NOW ACCEPTING MASTERCARD, VISA AND DISCOVER	Tax Year 2024  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed  Title
1. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he 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

TAX ID

1. Number of Taxable Employees	To:: Voor: 0004
Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2024  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)	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 JULY 15, 2024
7. Penalty 50%	MAKE CHECK OR MONEY ORDER TO:
3. Total (Include Interest and Penalty if Due)	CITY OF SOUTH LEBANON -TAX DEPT.
Name	10 N HIGH STREET SOUTH LEBANON OH 45065
And	Voice 513-494-2296 Ext 3 Fax 513-672-9599
Address	Period Ending JUNE
	TAX ID
	TAXID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1128 EMPLOYER'S WITHHO	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.  LDING - MONTHLY
I. Number of Taxable Employees	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.  LDING - MONTHLY  Tax Year 2024  I hereby certify that the information and statements contained her
I. Number of Taxable Employees	LDING - MONTHLY  Tax Year 2024 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
1. Number of Taxable Employees	LDING - MONTHLY  Tax Year 2024  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed
1. Number of Taxable Employees	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.  LDING - MONTHLY  Tax Year 2024  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed  Title  Date
1. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed  Title  Phone #
1. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed  Title  Phone #  THIS RETURN MUST BE FILED ON
1. Number of Taxable Employees.       1         2. Total Salaries, Wages, Commissions and other       2         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	Tax Year 2024  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed  Title  Phone #  THIS RETURN MUST BE FILED ON  OR BEFORE AUGUST 15, 2024
1. Number of Taxable Employees.       1         2. Total Salaries, Wages, Commissions and other       2         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	Tax Year 2024  I hereby certify that the information and statements contained her 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:
1. Number of Taxable Employees.       1         2. Total Salaries, Wages, Commissions and other       2         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	Tax Year 2024  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed  Title  Phone #  THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2024  MAKE CHECK OR MONEY ORDER TO: CITY OF SOUTH LEBANON -TAX DEPT.
1. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained her 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:
1. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained her 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

TAX ID

1. Number of Taxable Employees	_ ,,,
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	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
B. Taxable Earnings (from line 2)	Date
I. Actual Tax Withheld at 1.000 %	Phone #
Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
Interest: 583% per month.	OR BEFORE SEPTEMBER 15, 2024
. Penalty 50%	MAKE CHECK OR MONEY ORDER TO:
3. Total (Include Interest and Penalty if Due)	
IOW ACCEPTING MASTERCARD, VISA AND DISCOVER	CITY OF SOUTH LEBANON -TAX DEPT.  10 N HIGH STREET
Name	SOUTH LEBANON OH 45065
And	Voice 513-494-2296 Ext 3 Fax 513-672-9599
Address	Period Ending AUGUST
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1128 EMPLOYER'S WITHHOLDING  I. Number of Taxable Employees	G - MONTHLY  Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed
Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title
. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title  Date  Phone #
Number of Taxable Employees. 1  Total Salaries, Wages, Commissions and other Compensation paid all employees. 2  Taxable Earnings (from line 2). 3  Actual Tax Withheld at 1.000 %. 4  Adjustments of Tax for Prior Period. 5	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title  Date  Phone #  THIS RETURN MUST BE FILED ON
Number of Taxable Employees.  Total Salaries, Wages, Commissions and other Compensation paid all employees.  Taxable Earnings (from line 2).  Actual Tax Withheld at 1.000 %.  Adjustments of Tax for Prior Period.  Interest: .583% per month.	Tax Year 2024  I hereby certify that the information and statements contained he 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
. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he 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:
. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title
Number of Taxable Employees.  Total Salaries, Wages, Commissions and other Compensation paid all employees.  Taxable Earnings (from line 2).  Actual Tax Withheld at 1.000 %.  Adjustments of Tax for Prior Period.  Interest: .583% per month.	Tax Year 2024  I hereby certify that the information and statements contained he 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:
Number of Taxable Employees. 1 Total Salaries, Wages, Commissions and other ompensation paid all employees. 2 Taxable Earnings (from line 2). 3 Actual Tax Withheld at 1.000 %. 4 Adjustments of Tax for Prior Period. 5 Interest: .583% per month. 6 Penalty 50%. 7 Total (Include Interest and Penalty if Due). 8 OW ACCEPTING MASTERCARD, VISA AND DISCOVER	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title
Number of Taxable Employees.  Total Salaries, Wages, Commissions and other ompensation paid all employees.  Taxable Earnings (from line 2).  Actual Tax Withheld at 1.000 %.  Adjustments of Tax for Prior Period.  Interest: .583% per month.  Penalty 50%.  Total (Include Interest and Penalty if Due).  OW ACCEPTING MASTERCARD, VISA AND DISCOVER  Name	Tax Year 2024  I hereby certify that the information and statements contained hin 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

1. Number of Taxable Employees	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
	Signed
B. Taxable Earnings (from line 2)	Date
I. Actual Tax Withheld at 1.000 %	Phone #
i. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
Interest: .583% per month.	OR BEFORE NOVEMBER 15, 2024
Penalty 50%	
B. Total (Include Interest and Penalty if Due)	MAKE CHECK OR MONEY ORDER TO:
IOW ACCEPTING MASTERCARD, VISA AND DISCOVER	CITY OF SOUTH LEBANON -TAX DEPT.
Name	10 N HIGH STREET SOUTH LEBANON OH 45065
And	Voice 513-494-2296 Ext 3 Fax 513-672-9599
Address	Period Ending OCTOBER
	_
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W4, 4429 EMPLOYEDIS WITHHOLD D	
FORM W1 1128  EMPLOYER'S WITHHOLDI  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	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed
1. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title  Date
Number of Taxable Employees. 1  Total Salaries, Wages, Commissions and other Compensation paid all employees. 2  Taxable Earnings (from line 2). 3  Actual Tax Withheld at 1.000 %. 4	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title  Phone #
Number of Taxable Employees. 1  Total Salaries, Wages, Commissions and other Compensation paid all employees. 2  Taxable Earnings (from line 2). 3  Actual Tax Withheld at 1.000 %. 4  Adjustments of Tax for Prior Period. 5	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date  Phone #  THIS RETURN MUST BE FILED ON
1. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title
1   2. Total Salaries, Wages, Commissions and other Compensation paid all employees.   2     2	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date  Phone #  THIS RETURN MUST BE FILED ON
1   2. Total Salaries, Wages, Commissions and other Compensation paid all employees.   2     2	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title
Number of Taxable Employees.  Total Salaries, Wages, Commissions and other Compensation paid all employees.  Taxable Earnings (from line 2).  Actual Tax Withheld at 1.000 %.  Adjustments of Tax for Prior Period.  Interest: .583% per month.  Penalty 50%.  Total (Include Interest and Penalty if Due).	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title
Number of Taxable Employees. 1 Total Salaries, Wages, Commissions and other ompensation paid all employees. 2  Taxable Earnings (from line 2). 3 Actual Tax Withheld at 1.000 %. 4 Adjustments of Tax for Prior Period. 5 Interest: .583% per month. 6 Penalty 50%. 7 Total (Include Interest and Penalty if Due). 8  OW ACCEPTING MASTERCARD, VISA AND DISCOVER  Name  And	Tax Year 2024  I hereby certify that the information and statements contained hin 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 513-672-9598
1. Number of Taxable Employees	Tax Year 2024  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed  Title

# ## FORM W1 1128 | EMPLOYER'S WITHHOLDING - MONTHLY | 1. Number of Taxable Employees. | 1 | 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. | 2 | 2 | | 3. Taxable Earnings (from line 2). | 3 | 4. Actual Tax Withheld at 1.000 %. | 4 | 4 | | 5. Adjustments of Tax for Prior Period. | 5 | 6. Interest: .583% per month. | 6 | 7 | 7 | 8 | 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 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