

Name

And

Address

Tax Year 2024

| I hereby certify that the information and statements con | tained here |
|--|-------------|
| in and in any schedules or exhibits attached are true an | nd correct. |

 Signed

 Title

 Phone #______

THIS RETURN MUST BE FILED ON OR BEFORE APRIL 30, 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 JAN-FEB-MAR

TAX ID

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

| 1. Number of Taxable Employees | Tou Voor 2004 |
|--|---|
| 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) | |
| 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 31, 2024 |
| 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 3 Fax 513-672-9599 |
| Address | Period Ending APR-MAY-JUN |
| | TAX ID |
| | NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. |
| FORM W1 1128 EMPLOYER'S WITHHO | |
| 1. Number of Taxable Employees | OLDING - QUARTERLY |
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TAX ID

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Name

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| Signed | | |
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| Title | Date _ | |

THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 31, 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 OCT-NOV-DEC

TAX ID

Phone #

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