

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 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. ....	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 JULY 31, 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 APR-MAY-JUN

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		
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 OCTOBER 31, 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 JUL-AUG-SEP

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		
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 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

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