FORM W1 1128 **EMPLOYER'S WITHHOLDING - QUARTERLY**

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: .830% 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 2025

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, 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 x3 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.

FORM W1 1128 **EMPLOYER'S WITHHOLDING - QUARTERLY**

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NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

And

Address

Tax Year 2025

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, 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 x3 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.

FORM W1 1128 **EMPLOYER'S WITHHOLDING - QUARTERLY**

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NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

And

Address

Tax Year 2025

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, 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 x3 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.

FORM W1 1128 **EMPLOYER'S WITHHOLDING - QUARTERLY**

1. Number of Taxable Employees	1		
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8. Total (Include Interest and Penalty if Due)	8		

NOW ACCEPTING MASTERCARD, VISA AND DISCOVER

Name

And

Address

Tax Year 2025

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, 2026

MAKE CHECK OR MONEY ORDER TO:

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

Voice 513-494-2296 x3 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.