## 

And

Address

## Tax Year 2025

I hereby certify that the information and statements contained h	nere
in and in any schedules or exhibits attached are true and corre	ct.

Signed	
Title	Date

THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 18, 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 15

TAX ID

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

. Number of Taxable Employees	.   1	T V 2005
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	. 2	I hereby certify that the information and statements contain in and in any schedules or exhibits attached are true and or
		Signed
. Taxable Earnings (from line 2)	2	Title Date
Actual Tax Withheld at 1.000 %	_	Phone #
Adjustments of Tax for Prior Period.	<b>+</b>	THIS RETURN MUST BE FILED ON
Interest: .830% per month.		OR BEFORE FEBRUARY 3, 2025
Penalty 50%	7	1
Total (Include Interest and Penalty if Due)	. 8	MAKE CHECK OR MONEY ORDER
W ACCEPTING MASTERCARD, VISA AND DISCOVER		CITY OF SOUTH LEBANON -TAX DEPT.
Name		SOUTH LEBANON OH 45065
And		Voice 513-494-2296 x3 Fax 513-672-
Address		Period Ending JAN 21
		Period Ending JAN 31
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRI
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Adjustments of Tax for Prior Period.		THIS RETURN MUST BE FILED ON
Interest: .830% per month	7	OR BEFORE MARCH 3, 2025
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Name		SOUTH LEBANON OH 45065
And		Voice 513-494-2296 x3 Fax 513-672-9599
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Address		Period Ending FEB 28
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1128 EMPLOYER'S	WITHHOLDING	i - SEMI-MONTHLY
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Name		SOUTH LEBANON OH 45065
And		Voice 513-494-2296 x3 Fax 513-672-959
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Name		SOUTH LEBANON OH 45065
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. Total (Include Interest and Penalty if Due) OW ACCEPTING MASTERCARD, VISA AND DISCOVER		CITY OF SOUTH LEBANON -TAX DEPT.
OW ACCE TING MASTERCARD, VISA AND DISCOVER		10 N HIGH STREET
Name		SOUTH LEBANON OH 45065
And		Voice 513-494-2296 x3 Fax 513-672-959
Address		Decis I Follow MAY 04
Addiess		Period Ending MAY 31
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
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OW ACCEPTING MASTERCARD, VISA AND DISCOVER		10 N HIGH STREET
Name		SOUTH LEBANON OH 45065
And		Voice 513-494-2296 x3 Fax 513-672-959
Address		Post I Follow IIIN 00
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Interest: .830% per month.		OR BEFORE AUGUST 3, 2025
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OW 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 x3 Fax 513-672-9599
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Address		Period Ending JUL 31
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1128 EMPLOYER'S	WITHHOLDING	- SEMI-MONTHLY
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Interest: .830% per month.		
Penalty 50%	7	
Total (Include Interest and Penalty if Due)	0	MAKE CHECK OR MONEY ORDER TO
IOW ACCEPTING MASTERCARD, VISA AND DISCOVER		CITY OF SOUTH LEBANON -TAX DEPT.
None		10 N HIGH STREET SOUTH LEBANON OH 45065
Name		OCCUPATION OF ACCOUNT
And		Voice 513-494-2296 x3 Fax 513-672-9599
Address		Deried Ending ALIC 24
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		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
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. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
. Interest: .830% per month	7	OR BEFORE OCTOBER 3, 2025
Total (Include Interest and Penalty if Due)	0	MAKE CHECK OR MONEY ORDER TO
OW ACCEPTING MASTERCARD, VISA AND DISCOVER	<u>~ </u>	CITY OF SOUTH LEBANON -TAX DEPT.
0 · · · · · · · · · · · · · · · · · · ·		10 N HIGH STREET
Name		SOUTH LEBANON OH 45065
And		Voice 513-494-2296 x3 Fax 513-672-9599
Address		Design For Proc. OFF 00
Address		Period Ending SEP 30
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1128 EMPLOYER'S	S WITHHOLDING	G - SEMI-MONTHLY
. Number of Taxable Employees	1	
Number of Taxable Employees	1	Tax Year 2025  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correct
Number of Taxable Employees.  Total Salaries, Wages, Commissions and other ompensation paid all employees.	1	Tax Year 2025  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed
Number of Taxable Employees.  Total Salaries, Wages, Commissions and other ompensation paid all employees.  Taxable Earnings (from line 2).	1 2	Tax Year 2025  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed
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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.	1 2 3 4 5	Tax Year 2025  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed  Title  Date
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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: .830% per month.  Penalty 50%.  Total (Include Interest and Penalty if Due).  OW ACCEPTING MASTERCARD, VISA AND DISCOVER  Name  And	1 2 3 4 5 6 7	Tax Year 2025  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correct Signed  Title
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1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.000 %. 5. Adjustments of Tax for Prior Period. 6. Interest: .830% per month. 7. Penalty 50%. 8. Total (Include Interest and Penalty if Due). NOW ACCEPTING MASTERCARD, VISA AND DISCOVER	1 2 3 4 5 6 7	Tax Year 2025  I hereby certify that the information and statements contained in and in any schedules or exhibits attached are true and considered in and in any schedules or exhibits attached are true and considered in any schedules or exhibits att

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Number of Taxable Employees	1	Tax Year 2025
Compensation paid all employees	2	I hereby certify that the information and statements contain in and in any schedules or exhibits attached are true and or
		Signed
. Taxable Earnings (from line 2)	3	
Actual Tax Withheld at 1.000 %	<del>- i</del>	Phone #
Adjustments of Tax for Prior Period	<del>-  </del>	THIS RETURN MUST BE FILED ON
Interest: .830% per month		OR BEFORE NOVEMBER 3, 2025
Penalty 50%	7	
. Total (Include Interest and Penalty if Due)	0	MAKE CHECK OR MONEY ORDER
OW ACCEPTING MASTERCARD, VISA AND DISCOV	/ER	CITY OF SOUTH LEBANON -TAX DEPT.
Name		10 N HIGH STREET SOUTH LEBANON OH 45065
And		Voice 513-494-2296 x3 Fax 513-672-
Address		Period Ending OCT 31
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRES
ORM W1 1128 EMPLOY	ER'S WITHHOLDIN	G - SEMI-MONTHLY
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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 %.	1 2 3 4 5	Tax Year 2025  I hereby certify that the information and statements contain in and in any schedules or exhibits attached are true and considered and the statements contain in and in any schedules or exhibits attached are true and considered and considered are true and considered are true.  Signed
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T 11 5 (( ) ()		Signed
Taxable Earnings (from line 2)		Title Date
Actual Tax Withheld at 1.000 %		Phone #
Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
Interest: .830% per month.	7	OR BEFORE DECEMBER 3, 2025
Penalty 50%  Total (Include Interest and Penalty if Due)	0	MAKE CHECK OR MONEY ORDER TO
DW 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 x3 Fax 513-672-959
address		Period Ending NOV 30
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
Number of Taxable Employees	1	Tax Year 2025  I hereby certify that the information and statements contained him and in any schedules or exhibits attached are true and correct
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. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.000 %. 5. Adjustments of Tax for Prior Period. 6. Interest: .830% per month. 7. Penalty 50%. 8. Total (Include Interest and Penalty if Due). 8. NOW ACCEPTING MASTERCARD, VISA AND DISCOVER	1 2 3 4 5 6 7	Tax Year 2025  I hereby certify that the information and statements contained in and in any schedules or exhibits attached are true and corr  Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE DECEMBER 18, 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 513-672-95

## FORM W1 1128 **EMPLOYER'S WITHHOLDING - SEMI-MONTHLY** Tax Year 2025 2. Total Salaries, Wages, Commissions and other I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct. 3. Taxable Earnings (from line 2)..... Title\_ Date\_ 4. Actual Tax Withheld at 1.000 %..... Phone # THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 3, 2026 7. Penalty 50%..... MAKE CHECK OR MONEY ORDER TO: 8 CITY OF SOUTH LEBANON -TAX DEPT. NOW ACCEPTING MASTERCARD, VISA AND DISCOVER 10 N HIGH STREET SOUTH LEBANON OH 45065 Name And Voice 513-494-2296 x3

Address

Period Ending DEC 31

TAX ID

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

Fax 513-672-9599