FORM FR 1128

BUSINESS - 2014
INCOME TAX RETURN
SOUTH LEBANON

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SOUTH LEBANON -TAX DEPT.

99 N HIGH STREET
PO BOX 40
SOUTH LEBANON OH 45065

Voice 513-494-2296 Fax 513-494-1656
tax@southlebanonohio.org

Fiscal Period _____ **to** _____

Federal Schedules MUST be attached to this return.

Federal ID#

BusinessTelephone No.

Principal Business Activity

NAICS Code

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

- ☐ CORPORATION
- ☐ SOLE PROPRIETOR
- ☐ PARTNERSHIP
- ☐ S-CORPORATION
- ☐ OTHER _____
- ☐ ESTATE
- ☐ TRUST
- ☐ FIDUCIARY

Name

And

Address

1	Total taxable income	1		
2	Adjustments (See Schedule X)	2		
3	Taxable income before allocation (Line 1 plus/minus lines 2)	3		
4	Allocation percentage (See Schedule Y)	4	%	
5	Adjusted Net Income (Multiply line 3 by line 4)	5		
6	Allocable Net Loss Carry Forward	6		
7	South Lebanon Taxable income (Line 5 minus Line 6)	7		
8	South Lebanon income tax (Multiply line 7 by 1.000%)	8		
9	Credits applied from previous year(s) to this year's liability	9		
10	Estimates paid on this year's liability	10		
11	Other credits	11		
12	Total credits (Total line 9, 10 and 11)			12
13	Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.00			13
14	Penalty	14		
15	Interest	15		
16	Total due (Total line 13, 14 and 15)			16
17	Overpayment (Issued if greater than 10.00)			17
18	Amount to be refunded	18		
19	Amount to be credited to next year	19		

Declaration of Estimate For 2015

20	Total estimated income subject to tax	20		
21	Estimated tax due. (Multiply line 20 by 1.000%)			21
22	Less credits (from 19 above)			22
23	Net estimated tax due (subtract line 22 from line 21)	23		
24	Minimum amount due for first quarter (Multiply line 23 by 25%)			24

Amount You Owe

25	Total amount due (add lines 16 and 24)		25

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

By signing this return, I declare this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and the figures.

TaxPayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer)

Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT

☐ ☐ ☐

ACCOUNT NUMBER

SECURITY PIN

CARD EXPIRATION / /

AMOUNT

CARD HOLDER SIGNATURE - SIGN HERE

May VILLAGE OF SOUTH LEBANON discuss this return with the preparer shown above ___Yes ___No