

VILLAGE OF SOUTH LEBANON INCOME TAX

ANNUAL RECONCILIATION FORM

10 N. High Street, South Lebanon, OH 45065

Phone (513) 494-2296 • Fax (513) 494-1656

www.southlebanonohio.org • tax @ southlebanonohio.org

Reconciliation of Payroll Withheld

Tax Year _____

Attach a copy of each employee's W-2-----Number of W-2's Attached: _____

1. Total Number of employees _____
2. Total Payroll for the year \$ _____
3. Less payroll not subject to tax \$(_____)
4. Payroll subject to tax \$ _____
5. Withholding tax liability @ 1% of Line 4 \$ _____

Total South Lebanon Income Tax Withheld During Year For:

- | | |
|--|----------|
| First quarter ending March 31 | \$ _____ |
| Second quarter ending June 30 | \$ _____ |
| Third quarter ending September 30 | \$ _____ |
| Fourth quarter ending December 31 | \$ _____ |
| 6. Total remitted for the year | \$ _____ |
| 7. Overpayment \$ _____ or additional tax due \$ _____ | |

*****THIS FORM MUST BE FILED BY FEBRUARY 28TH*****

All W-2's must accompany this reconciliation form.

Name of Employer: _____

Street Address _____ City _____ State _____ Zip _____

Federal ID# _____

I hereby certify the above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Title: _____ Telephone No. () _____

First Quarter due April 30 – Second Quarter due July 31 – Third Quarter due October 31 – Fourth Quarter due January 31
Monthly payments are due at the end of each month.