

VILLAGE OF SOUTH LEBANON

Income Tax Department
10 N. High Street
South Lebanon, OH 45065
(513) 494-2286
tax@southlebanonohio.org

PART 1 - TO BE COMPLETED BY CLAIMANT (See reverse side for instructions)

Name and Present Address _____ For the Calendar Year 20 ____

Amount Claimed: \$ _____

Social Security No. _____

Address during claim period:

A. Employer's Name & Address	South Lebanon Tax Withheld	Gross Wages, Etc.
_____	_____	_____
_____	_____	_____

Computation of Overpayment:

B. Income Earned \$ _____
C. So. Lebanon Tax Withheld (attach copy of W/2) \$ _____
D. Earnings subject to So. Lebanon Tax \$ _____
E. So. Lebanon Tax (1% of line D) \$ _____
F. Overpayment Claimed - D minus E \$ _____

Basis for Refund: (Claimant must provide all pertinent information and facts on which claim is based. Use reverse side of form or separate attachment for proper information to further substantiate claim).

Certification: (Read carefully)

I certify that all facts and figures given are true and complete; a refund has not previously been claimed or received by me for the period covered by this claim. I authorize the Village of South Lebanon to, upon request, furnish my city of residence/or employment, a copy of this refund document.

SIGNED: _____ DATE: _____
(Claimant's Signature)

NOTICE: This refund may result in an amendment to other Municipal Tax Returns.

PART II - EMPLOYER'S CERTIFICATION (Read carefully)

I verify that during 20____ the above named employee's total salary and / or wages was \$ _____ from which \$ _____ South Lebanon tax was withheld and remitted to the Village of South Lebanon, Ohio. My/our records show the employee's address was _____, for the period covered by the claim for refund, and that _____ % of the employee's compensation was attributable to the work done or services performed outside the Village of South Lebanon and was payable to (Name of City of Individual) _____
I authorize the Village of South Lebanon to, upon request, furnish the City of employee residency/or employment, a copy of this refund document.

I/We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to my/our withholding account with the Village of South Lebanon have been or will be made for said tax.

SIGNED: _____ BY: _____ TITLE: _____
DATE: _____

