

# BUSINESS - 2019 INCOME TAX RETURN SOUTH LEBANON

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

**Federal Schedules MUST be attached to this  
return.**

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

10 N HIGH STREET  
SOUTH LEBANON OH 45065

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

Federal ID# \_\_\_\_\_

Business Telephone No. \_\_\_\_\_

Principal Business Activity  
NAICS Code \_\_\_\_\_

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

CORPORATION  ESTATE  
 SOLE PROPRIETOR  TRUST  
 PARTNERSHIP  FIDUCIARY  
 S-CORPORATION  
 OTHER \_\_\_\_\_

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 0.000%)	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 2020**

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	
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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