

City of South Lebanon

10 N. High Street South Lebanon, OH 45065 Phone No.(513) 494-2296 Fax No.(513)672-9599

tax@southlebanonohio.org

Income Tax Department

BUSINESS INCOME TAX QUESTIONNAIRE

South Lebanon Tax Rate is 1%

BUSINESS NAME _____ Federal ID No. ____ - _____

DBA _____ Soc. Sec. No. ____ - ____ - ____

Address of Business _____

Street	Ste. No.	(If Applicable) City	Zip Code
Address for Mailings _____			
(if diff. from above) Street	Ste. No.	City	Zip Code

PLEASE CHECK ONE:

____ SOLE PROPRIETOR ____ GEN. PARTNERSHIP ____ C CORPORATION
____ SUB S CORPORATION ____ LTD. LIABILITY CO/PARTNERSHIP ____ NON PROFIT OR GOV'T AGENCY

NUMBER OF EMPLOYEES YOU WILL BE WITHHOLDING FOR _____

EMPLOYER WITHHOLDING WILL BE REMITTED: _____ MONTHLY

DO YOU USE A PAYROLL SERVICE? ____ YES or ____ NO IF YES, NAME OF PAYROLL SERVICE _____

IF EMPLOYEES ARE LEASED, NAME AND ADDRESS OF LEASING CO. _____

IF THIS IS A COURTESY WITHHOLDING, CHECK BOX AND GO TO THE BOTTOM SECTION
(If W/H for a **resident** of South Lebanon who pays to another city, W/H tax is one half percent 1/2%) ☐

IF THIS IS A TEMPORARY ACCOUNT FOR A PROJECT IN SOUTH LEBANON, NAME PROJECT _____

PROJECT START DATE _____

TYPE OF BUSINESS (MFG. RETAIL, ETC.) _____

IF BUSINESS IS IN SOUTH LEBANON, DATE BUSINESS BEGAN _____

IF RENTING OFFICE SPACE, NAME OF LANDLORD _____

IF A SOUTH LEBANON-BASED BUSINESS, WILL THERE BE EXTENSIVE USE OF TEMPORARY HELP AGENCIES? ____ YES or ____ NO
IF YES, PLEASE NOTIFY THEM TO WITHHOLD SOUTH LEBANON INCOME TAX. PLEASE LIST AGENCY NAMES HERE _____

ACCOUNTING PERIOD: ____ DECEMBER 31ST ____ OTHER _____

CONTACT NAME: _____ TITLE: _____

PHONE NO.() _____ FAX NO. () _____

EMAIL ADDRESS: _____

I Certify the above information is true, correct, and complete to the best of my knowledge.

SIGNATURE _____ DATE _____

Updated: 01/26/2023