Print Reset Form

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

1

			DO NOT ROUND
1.	Taxable Earnings Paid All Employees Subject To City Income Tax ..	1.	$
2.	City Income Tax 1% of Line 1	2.	$
3.	Actual Tax Withheld in Quarter for City Income Tax	3.	$
4.	Adjustments of Tax for Prior Quarter	4.	$
5.	Penalty/Interest	5.	$
6.	Total, Include Interest and Penalty if any	6.	$

Number of Taxable Employees _____

FILING REQUIRED EVEN IF NO TAX DUE FOR THE PERIOD

DUE ON OR BEFORE
APRIL 15, 2016

FOR THE MONTHS OF
JAN, FEB, MAR 2016

MAKE CHECK PAYABLE TO:

CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OH 45036-1777

PHONE: (513) 933-7205

EIN NO: _____

ACCOUNT NO: _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

(SIGNED) _____

(OFFICIAL TITLE) _____

PHONE _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

2

			DO NOT ROUND
1.	Taxable Earnings Paid All Employees Subject To City Income Tax ..	1.	$
2.	City Income Tax 1% of Line 1	2.	$
3.	Actual Tax Withheld in Quarter for City Income Tax	3.	$
4.	Adjustments of Tax for Prior Quarter	4.	$
5.	Penalty/Interest	5.	$
6.	Total, Include Interest and Penalty if any	6.	$

Number of Taxable Employees _____

FILING REQUIRED EVEN IF NO TAX DUE FOR THE PERIOD

DUE ON OR BEFORE
JULY 15, 2016

FOR THE MONTHS OF
APR, MAY, JUN 2016

MAKE CHECK PAYABLE TO:

CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OH 45036-1777

PHONE: (513) 933-7205

EIN NO: _____

ACCOUNT NO: _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

(SIGNED) _____

(OFFICIAL TITLE) _____

PHONE _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

3

			DO NOT ROUND
1.	Taxable Earnings Paid All Employees Subject To City Income Tax ..	1.	$
2.	City Income Tax 1% of Line 1	2.	$
3.	Actual Tax Withheld in Quarter for City Income Tax	3.	$
4.	Adjustments of Tax for Prior Quarter	4.	$
5.	Penalty/Interest	5.	$
6.	Total, Include Interest and Penalty if any	6.	$

Number of Taxable Employees _____

FILING REQUIRED EVEN IF NO TAX DUE FOR THE PERIOD

DUE ON OR BEFORE
OCTOBER 17, 2016

FOR THE MONTHS OF
JUL, AUG, SEP 2016

MAKE CHECK PAYABLE TO:

CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OH 45036-1777

PHONE: (513) 933-7205

EIN NO: _____

ACCOUNT NO: _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

(SIGNED) _____

(OFFICIAL TITLE) _____

PHONE _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

			DO NOT ROUND
1.	Taxable Earnings Paid All Employees Subject To City Income Tax ..	1.	$
2.	City Income Tax 1% of Line 1	2.	$
3.	Actual Tax Withheld in Quarter for City Income Tax	3.	$
4.	Adjustments of Tax for Prior Quarter	4.	$
5.	Penalty/Interest	5.	$
6.	Total, Include Interest and Penalty if any	6.	$

Number of Taxable Employees _____

FILING REQUIRED EVEN IF NO TAX DUE FOR THE PERIOD

DUE ON OR BEFORE
JANUARY 16, 2017

FOR THE MONTHS OF
OCT, NOV, DEC 2016

MAKE CHECK PAYABLE TO:

CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OH 45036-1777

PHONE: (513) 933-7205

EIN NO: _____

ACCOUNT NO: _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

(SIGNED) _____

(OFFICIAL TITLE) _____

PHONE _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT

W-3 INSTRUCTIONS

ALL EMPLOYERS MUST COMPLETE THE RECONCILIATION FORM BELOW AND FILE THIS REPORT BEFORE FEBRUARY 28, 2017

Pursuant to Ordinance Section 151.060 on or before Feb. 28 each year, each employer shall file a withholding return on a form or forms prescribed by and obtainable from the Tax Commissioner, setting forth the names and addresses of all employees from whose compensation the tax was withheld during the preceding year, and the amount of tax withheld from the listed employees and such other information as may be required by the rules and regulations adopted. The total amount of compensation paid to each employee shall be shown, even though (in the case of nonresidents) such compensation may not have been fully subject to Lebanon tax and withholding. If some other city's income tax was also withheld, please so indicate in the extreme right hand column below. Continue on the reverse side or attach additional sheets of this same size if space requirements below are inadequate. Additional copies of this form are available upon request. Employers desiring to submit copies of W-2 forms or other type listings which provide the required information may do so in lieu of the listing form below. When submitting W-2 forms, please attach Form W-3 to top of stack. If item 7 below indicates overpayment, the possibility of a refund may be discussed with the Tax Division. If additional tax is indicated, attach payment when filing.

NAME AND ADDRESS OF EMPLOYEE	TOTAL EARNINGS FOR THE YEAR	LEBANON TAX WITHHELD	OTHER CITY TAX WITHHELD
TOTAL THIS PAGE			
TOTAL ALL PAGES			

WITHHOLDING TAX RECONCILIATION FOR TAX YEAR 2016

1. TOTAL NUMBER OF TAXABLE EMPLOYEES ..... _____
2. TOTAL PAYROLL FOR THE YEAR ..... $ _____
3. LESS PAYROLL NOT SUBJECT TO TAX ..... $ _____
4. PAYROLL SUBJECT TO TAX ..... $ _____
5. WITHHOLDING TAX LIABILITY OF 1% OF LINE 4..... $ _____
6. TOTAL INCOME TAX WITHHELD FROM WAGE AS SHOWN BY LINE 1, EMPLOYERS QUARTERLY RETURNS (W-1)
   QUARTER ENDING MARCH 31 ..... $ _____
   QUARTER ENDING JUNE 30 ..... $ _____
   QUARTER ENDING SEPTEMBER 30 ..... $ _____
   QUARTER ENDING DECEMBER 31 ..... $ _____

   TOTAL FOR YEAR 2016 ..... $ _____
7. OVERPAYMENT $ _____ OR TAX DUE ..... $ _____

MAIL TO: **CITY OF LEBANON**
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OH 45036-1777

ACCOUNT NO: _____

NAME:

ADDRESS:

EMAIL: _____

MUST BE FILED ON OR BEFORE FEBRUARY 28, 2017
ATTACH COPIES OF W-2 FORMS AND INCLUDE 1099 MISC FORMS