

Form IR Filed With
SOUTH LEBANON TAX DEPT.
99 N. HIGH ST.
P.O. BOX 40
SOUTH LEBANON, OH 45065
OFFICE HOURS 8:00 A.M. to 4:30 P.M.

2008 SOUTH LEBANON INCOME TAX RETURN 2008

FILING REQUIRED EVEN IF NO TAX IS DUE
ON OR BEFORE APRIL 15, 2009

LATE FILING WILL RESULT IN PENALTY AND INTEREST CHARGES

MAKE CHECK OR
MONEY ORDER PAYABLE TO:
SOUTH LEBANON TAX DEPT.
www.southlebanonohio.org
PHONE: (513) 494-2296
FAX: (513) 494-1656

TAXPAYER'S NAME AND ADDRESS (IF SS#, Name, Address is incorrect make corrections)

SSN TAXPAYER
SSN SPOUSE

PHONE NO. () _____

If moved since the previous return was filed give date:
Moved INTO South Lebanon: _____
Moved OUT of South Lebanon: _____

PART A. I/WE ARE NOT REQUIRED TO COMPLETE PART B OF THIS RETURN
DUE TO THE FOLLOWING REASON (PLEASE CHECK) SIGNATURE(S) REQUIRED AT BOTTOM OF FORM.
SUPPORTING DOCUMENTATION MUST BE ATTACHED.

- ___ TOTAL/PERMANENT DISABILITY
- ___ RETIREMENT INCOME ONLY
- ___ FULL TIME STUDENT
- ___ MOVED OUT PRIOR TO 2008; LIST MOVE DATE: _____
- LIST NEW ADDRESS: _____
- ___ DECEASED: DATE OF DEATH: _____
- ___ ONLY INCOME IS FROM NON-TAXABLE SOURCE; LIST SOURCE: _____

PART B. FORMS RECEIVED WITHOUT COMPLETE DOCUMENTATION WILL BE RETURNED.

OFFICE USE ONLY

1. TOTAL QUALIFYING WAGES (TYPICALLY BOX 5 ON W-2) (ALL W-2'S MUST BE ATTACHED)	\$ _____	\$ _____
2. OTHER TAXABLE INCOME OR DEDUCTIONS FROM SIDE 2 – SEE INSTRUCTIONS	\$ _____	\$ _____
3. TAXABLE INCOME: (LINE 1 PLUS OR MINUS LINE 2)	\$ _____	\$ _____
4. SOUTH LEBANON TAX – 1% OF LINE 3	\$ _____	\$ _____
5. CREDITS:		
A. TAX WITHHELD BY EMPLOYER FOR VILLAGE OF SOUTH LEBANON	\$ _____	\$ _____
B. 2008 ESTIMATED TAX PAID TO VILLAGE OF SOUTH LEBANON	\$ _____	\$ _____
C. PRIOR YEAR TAX OVERPAYMENT.....	\$ _____	\$ _____
D. 2008 TAX PAID TO ANOTHER MUNICIPALITY.....	\$ _____	\$ _____
NOT TO EXCEED ½% OF THAT PORTION TAXED PER W-2. ATTACH APPROPRIATE DOCUMENTATION. LIMITED TO ½ OF THE TAX ON LINE 4.		
E. TOTAL CREDITS (ADD 5A – 5D).....	\$(_____)	\$(_____)
6. IF LINE 4 IS GREATER THAN LINE 5E PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN – TAX DUE : \$ _____		
A. LATE FILING PENALTY \$ 25.00. INTEREST \$ _____ TOTAL \$ _____		\$
B. TOTAL AMOUNT DUE FOR 2008.....		\$
7. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEARS ESTIMATED *NO TAXES DUE OR REFUNDS OF LESS THAN \$1.00 SHALL BE COLLECTED OR REFUNDED*		

2009 DECLARATION OF ESTIMATED TAX FOR YEAR 2009

8. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE 1% FOR GROSS TAX OF	\$ _____	
9. LESS EXPECTED TAX CREDITS:		
A. TAX WITHHELD BY EMPLOYER FOR VILLAGE OF SOUTH LEBANON	\$ _____	
B. PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY (NOT TO EXCEED 1/2%)....	\$ _____	
C. OVERPAYMENT FROM PRIOR YEAR	\$ _____	
D. TOTAL CREDITS (ADD LINES A -C).....	\$ _____	
10. NET TAX DUE (LINE 8 MINUS LINE 9D)	\$ _____	
11. AMOUNT PAID WITH THIS DECLARATION (NOT LESS THAN ¼ OF LINE 10)	1 ST QTR. 2009 TAX DUE \$ _____	
12. 2008 TAX DUE (LINE 6B) \$ _____, PLUS 2009 DECLARATION (LINE 11) \$ _____ = TOTAL DUE		\$

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

SIGNATURE OF PERSON PREPARING OTHER THAN TAXPAYER _____ DATE _____

SIGNATURE OF TAXPAYER OR AGENT (REQUIRED TO BE VALID) _____ DATE _____

PREPARER'S ADDRESS _____ TELEPHONE NO. _____

PREPARER'S FID OR SSN _____

SIGNATURE OF SPOUSE _____ DATE _____

Check here if we may contact the above preparer with questions.

MUST BE COMPLETED ONLY BY THOSE WHO HAVE TAXABLE INCOME OTHER THAN WAGES OR WHO CLAIM A DEDUCTION FROM SUCH WAGES.

13. NET PROFIT (LOSS) FROM BUSINESS (ATTACH FEDERAL SCHEDULE C).....\$ _____

14. RENTAL INCOME (ATTACH FEDERAL SCHEDULE E).....\$ _____

15. OTHER INCOME (ATTACH FEDERAL FORMS & SCHEDULES)

 (A) Schedule K-1 Income.....\$ _____

 (B) Miscellaneous Income -1099-MISC.....\$ _____

 (C) Total of A-B.....\$ _____

16. TOTAL OTHER INCOME combine 13, 14, and 15C.....\$ _____

NET LOSS FROM A BUSINESS ACTIVITY CANNOT BE USED TO OFFSET WAGE EARNINGS. LOSS CARRY FORWARD LIMITED TO 5 YEARS.

17. DEDUCTIONS: (only complete this section if you had allowable Federal Form 2106 deductions or you were a part year resident)

 (A) Employee business expenses (ATTACH FORM 2106).....\$ _____

 (B) Part year resident income exclusion (ATTACH EXPLANATION).....\$ _____

 (C) Total of non taxable income add line A and B.....\$ _____

18. ADD LINE 16 (ONLY IF A POSITIVE NUMBER) AND 17C (CARRY TO LINE 2, PAGE 1).....\$ _____

INSTRUCTIONS

LINE 1: Enter the total qualifying wages from all W-2's. In general, you will use box 5 (Medicare Wage Box) to compute taxable income for your return. Pre-1986 employees exempt from Medicare will not have income listed in box 5 due to Medicare grand fathering provisions. This does not mean you are exempt from paying on these W-2 wages. Income taxable by South Lebanon may differ from income taxable by the IRS. Do not use amounts from federal returns, as they may not be correct for South Lebanon tax purposes. All W-2's must be attached to the return. If you wish the forms returned, please advise and enclose a self-addressed and stamped envelope.

LINE 2: Enter total of income reported on page 2, line 18.

LINE 3: Add or subtract line 1 and 2. A loss from Federal Schedule C, E cannot be used to offset wages. This is your taxable income for 2008.

LINE 4: Multiply line 3 by 1%; this is your South Lebanon tax.

LINE 5: Payments and Credits:

- A. To be used for reporting taxes withheld by your employer for the Village of South Lebanon.
- B. Total 2008 estimated tax paid.
- C. Overpayments of 2007 tax applied to the 2008 estimated tax.
- D. An adjustment must be made if the tax paid to another municipality was at a higher rate than 1%. For example, if your W-2 reflects City of Hamilton tax withheld of \$100.00 during the year, you must reduce the credit for this payment to \$25.00 since Hamilton has a 2% tax rate, and the rate for which you receive credit is limited to 1/2 of 1%.
- E. Total lines 5A through 5D.

LINE 6: Indicates amount of TAX DUE. If the sum of this line is \$1.01 or more, full payment must be received on or before the due date (April 15th). An amount \$1.00 and under is not collectible. If you are filing past the due date include the late filing penalty of \$25.00, the tax department will figure any other interest charges.

LINE 7: Overpayment will be applied to your 2008 estimated unless a refund is requested. By law, refunds or credits in excess of \$10 are reported to the IRS.

LINES 8 THRU 11: The total estimated tax due on line 11 must be paid at the time of filing –No later than April 15th.

LINE 12: TOTAL AMOUNT DUE.

LINE 13: Net profit (loss) –attach all Federal Schedules. Residents are subject to South Lebanon tax no mater where earned. Non-residents of South Lebanon are subject to South Lebanon tax on profits derived in South Lebanon. Loss carry forwards are limited to 5 prior years.

LINE 14: Rental Income –attach Federal Schedule E. Residents report all profits or losses from rental property no matter where the property is located. Loss carry forwards are limited to 5 prior years.

LINE 15: A through B enter income then total on line C. Schedule E – flow-through profit or losses levied on the partners, members or other owners of a flow through entity excluding S-Corporation. Businesses operating in South Lebanon are required to report their distributive share of income or loss that was not withheld on by the business. The resident taxpayer may claim a credit for taxes paid to other localities by the business, subject to the 1/2% limitation. Other income, please provide documentation such as copies of Federal Schedules or Form 1099-MISC not already reported on Schedule C, and form W2-G if received.

LINE 16: Total of lines 13, 14 & 15C. NOTE: Losses cannot offset wages.

LINE 17: Deduction or non-reimbursed employee business expenses. Do not complete unless you filed Form 2106 on your Federal return. Only include deductions directly related to wages from South Lebanon sources.

- A. Enter amount shown on Form 2106 and attach form.
- B. Enter income not allocable to South Lebanon due to part year residency and attach a statement explaining the computation.
- C. Add the amount on lines A and B.

LINE 18: Total line 16, but only if it is a positive number and line 17C enter here and on line 2 of page 1.

General Information:

TAXABLE INCOME – All qualifying wages, and other compensation (Form 1099 MISC) paid by an employer or employers before deductions, and/or the net profits from the operation of a business, profession or other enterprise or activity, rental income, sick pay, vacation pay, dismissal or severance pay, insurance premium payments by employer included on W-2, and deferred compensation are also taxable for village purposes.

NON-TAXABLE INCOME – Interest, dividends, capital gains, social security benefits, welfare benefits, unemployment compensation, pensions, annuities, gambling winnings, active duty military pay, alimony, child support, election poll worker wages, and earnings of a full time student.

EXTENSION POLICY – Extensions may be granted for filing of the annual return, provided an IRS extension has been requested. A copy of the IRS extension request form must be submitted on or before the filing deadline.

The due date for filing this return is Wednesday, April 15, 2009. The Village of South Lebanon has mandatory filing even though no tax may be due. If you have received an income tax return form it is under the assumption of the tax office you are filing a return. If you have received this form in error, you must notify the tax office. Otherwise, an income tax return form is expected.

2009 DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 15, 2009	JULY 15, 2009	OCTOBER 15, 2009	JANUARY 15, 2010
File 2007 Return	Make 2 nd	Make 3 rd	Make 4 th
File 2008 Declaration	quarterly payment	quarterly payment	quarterly payment
with 1/4 payment			