

VILLAGE OF SOUTH LEBANON INCOME TAX RETURN

FILE ON OR BEFORE APRIL 17, 2012 OR 4 MONTHS AFTER FISCAL YEAR END

FISCAL YEAR DATE _____ TO _____

FILE WITH SOUTH LEBANON INCOME TAX 99 North High Street P.O. Box 40 South Lebanon, OH 45065 (513) 494-2296 www.southlebanonohio.org

MAKE CHECK OR MONEY ORDER PAYABLE TO South Lebanon Income Tax

PRINCIPAL BUSINESS ACTIVITY _____

TAXPAYERS NAME AND ADDRESS

CORPORATION [] PARTNERSHIP [] SOLE PROPRIETOR []

IF OTHER, EXPLAIN: _____

BUSINESS TELEPHONE: _____

FEDERAL ID # _____

[Empty box for taxpayer name and address]

NOTICE: By law all refunds and credits in excess of \$10.00 are being reported to IRS

THIS SPACE FOR TAX OFFICE ONLY

ARE YOU A RESIDENT OF SOUTH LEBANON? YES [] NO [] IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE DID YOU FILE A PREVIOUS YEAR RETURN? YES [] NO [] HAS IRS INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? YES [] NO [] GIVE DATE INTO CITY _____ OR OUT OF _____ IF SO HAS AN AMENDED VILLAGE OF SO. LEBANON INCOME TAX RETURN BEEN FILED? YES [] NO []

Table with 2 columns: Description and Amount. Rows include ADJUSTED FEDERAL TAXABLE INCOME, ITEMS NOT DEDUCTIBLE, ITEMS NOT TAXABLE, ADJUSTED NET PROFIT/LOSS, SOUTH LEBANON INCOME TAX, CREDITS, and OVERPAYMENT TO BE REFUNDED.

Table with 2 columns: Description and Amount. Rows include INTEREST CHARGE PLUS PENALTY CHARGE = TOTAL ASSESSMENT and UNPAID TAX BALANCE + TOTAL ASSESSMENT = TOTAL AMOUNT DUE.

DECLARATION OF ESTIMATED TAX FOR YEAR 2012

Table with 2 columns: Description and Amount. Rows include TOTAL INCOME SUBJECT TO TAX, LESS EXPECTED CREDITS, NET TAX DUE, AMOUNT DUE WITH THIS DECLARATION, and AMOUNT ENCLOSED FOR 2011 TAX PLUS 2012 DECLARATION.

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 PREPARER HAS KNOWLEDGE

Signature of Person Preparing if Other than Taxpayer Date

Signature of Taxpayer or Agent (Required) Date

Address and Telephone Number

May we discuss this return with the preparer shown to the left? () YES () NO

SECTION A	Adjusted Federal Taxable Income for S-Corporations and Partnerships
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Ordinary Income for 1120 (Line 21)	\$ _____
Ordinary Income for 1120S (Line 21) or 1065 (Line 22)	\$ _____
Add Income/Losses reported to shareholders on Schedule K:	
Net Income from Rental (Real Estate or Other)	\$ _____
Interest	\$ _____
Dividends	\$ _____
Royalties	\$ _____
Capital Gain/(Loss)	\$ _____
Other Income/(Loss)	\$ _____
Total Additions	\$ _____
Less Deductions reported to shareholders on Schedule K:	
Charitable Contributions (Limited to 10% of Adjusted Taxable Income)	\$ _____
Section 179 Depreciation	\$ _____
Other Deductions	\$ _____
Total Deductions	\$ _____
Adjusted Federal Taxable Income (generally AFTI for S-Corps equal Line 23, Schedule K)	\$ _____

SECTION B	Total from Federal Schedule D, Form 4797	\$ _____
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SECTION C	Income from rents - from Schedule E	\$ _____
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SECTION D	All Other Taxable Income	\$ _____
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TOTAL	From Sections A, B, C & D Enter on Page 1, Line 1	\$ _____
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SCHEDULE X	Reconciliation with Federal Income Tax Return as Required by ORC Section 718
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ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Federally deducted losses from IRC 1221 or 1231 property dispositions	\$ _____	n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250)	\$ _____
b. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions	\$ _____	o. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income	\$ _____
c. Taxes based on income (State)	\$ _____	p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses	\$ _____
d. Taxes based on income (City)	\$ _____	q. Not previously deducted IRC Section 179 Expense	\$ _____
e. Guaranteed payments or accruals to or for current or former partners or members	\$ _____	r. Partnership, S corp, LLC charitable contributions	\$ _____
f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors	\$ _____	s. Other	\$ _____
g. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities	\$ _____		
h. Rental activities by partnership, S corp or LLC, Trusts	\$ _____		
i. Other	\$ _____		
m. Total (Enter Line 2a Other Side)	\$ _____	z. Total (Enter Line 2b Other Side)	\$ _____

SCHEDULE Y	Business Apportionment Formula
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	A. LOCATED EVERYWHERE	B. LOCATED IN THIS CITY	C. PERCENTAGE (B + A)	
STEP 1. ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	_____	_____	_____	%
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	_____	%
TOTAL STEP 1.	_____	_____	_____	%
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____	%
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____	%
4. TOTAL PERCENTAGES	_____	_____	_____	%
5. AVERAGE PERCENTAGES	_____	_____	_____	%

Divide Total Percentages by Number of Percentages Used Carry to Line 3b, Page 1 _____ %

Are any employees leased in the year covered by this return? YES NO
 If YES, please provide the name, address and FID number of the leasing company _____

EXTENSION POLICY: Extensions may, upon request, be granted for filing of the annual return, provided and IRS extension has been secured. **EXTENSION REQUESTS MUST BE MADE IN WRITING AND RECEIVED BY THIS TAX OFFICE BEFORE THE ORIGINAL DUE DATE OF THE RETURN.** Only those extension requests received in duplicate with a self-addressed, postpaid envelope will have a copy returned after being appropriately marked.