



VILLAGE OF NEW LEBANON
 INCOME TAX DEPARTMENT
 198 S CLAYTON RD
 NEW LEBANON, OH 45345
 TELEPHONE: (937) 687-1341

2024 VILLAGE OF NEW LEBANON INCOME TAX RETURN

OR FISCAL PERIOD _____ TO _____
 CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15TH

THIS SPACE FOR
 TAX OFFICE USE ONLY

Check _____

Cash _____

Refund requested _____

SOC SEC. NO. _____

SOC SEC. NO. _____

IF ADDRESS IS INCORRECT PLEASE MAKE CORRECTION

FILING REQUIRED EVEN IF NO TAX DUE
 LATE FILING OF THIS RETURN SUBJECTS YOU TO INTEREST AND PENALTY

NO TAXABLE INCOME: PENSION
 SOCIAL SECURITY DISABILITY NO INCOME

**IF FULLY RETIRED AND AGE 72
 CHECK HERE**

RESIDENT NON-RESIDENT

IF YOU MOVED DURING THE YEAR
 COMPLETE THE FOLLOWING:

MOVED IN: _____ MOVED OUT: _____

PRESENT ADDRESS: _____

PREVIOUS ADDRESS: _____

1. WAGES, SALARIES, TIPS & OTHER COMPENSATION (Attach ALL W-2 Forms)(TYPICALLY BOX 5) \$ _____
2. OTHER TAXABLE INCOME:
 - A. BUSINESS PROFIT (Attach Federal Forms) PAGE 2 SECTION A \$ _____
 - B. RENTAL INCOME (Attach Federal Forms) PAGE 2 SECTION B..... \$ _____
 - C. OTHER INCOME..... \$ _____
 - D. TOTAL OTHER TAXABLE INCOME \$ _____
3. TAXABLE INCOME (Line 1 Plus Line 2D) \$ _____
4. TAX DUE 1% OF LINE 3..... \$ _____
5. Credits
 - (A) New Lebanon Tax withheld by employer(s) from Line 1 \$ _____
 - (B) Payments on Current Declaration (or Credit) \$ _____
 - (C) Total Credits Allowable \$ _____
6. Amount of Tax Due If Line 4 is Greater than Line 5C \$ _____
7. PENALTY & INTEREST
 - (A) Underpayment penalty if 90% of tax not paid or withheld by Jan. 15, 2025 ... \$ _____
 - (B) For delinquent returns: late payment penalty _____ interest _____ \$ _____
 - (C) Late file penalty _____ \$ _____
 - (D) Total penalties and interest \$ _____
8. Amount payable to Village of New Lebanon Income Tax (No tax due or refunded if under \$10.00) \$ _____
9. Overpayment claimed _____ refund Credit to next year Declaration

ESTIMATED PAYMENTS ARE REQUIRED FOR ANNUAL TAX BALANCES \$200.00 OR MORE

DECLARATION OF ESTIMATED TAX FOR YEAR 2025

1. Total income subject to New Lebanon tax \$ _____
2. Village of New Lebanon tax 1% \$ _____
3. Less New Lebanon Tax Withheld \$ _____
4. Net tax Declared \$ _____
5. Amount Due with this return (not less than 1/4 of line 4) \$ _____
6. Less overpayment of previous year may be credited to this first payment only \$ _____
7. Amount paid with this declaration \$ _____
8. Balance of Estimated Tax \$ _____

MAKE REMITTANCE PAYABLE TO VILLAGE OF NEW LEBANON INCOME TAX

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 ANY KNOWLEDGE. **Tax Return will not be processed without W-2s and Schedules attached.**

Signature _____ Date _____ Signature _____ Date _____

Address _____ Phone _____ Email _____

ATTACH W-2's HERE

MAKE CHECKS AND MONEY ORDERS PAYABLE TO VILLAGE OF NEW LEBANON INCOME TAX

SECTION 2A Attach appropriate federal schedule for income from partnerships, business, estates, trusts, fees and other.

RECEIVED FROM	FOR (DESCRIBE)	FEDERAL FORM(S) ATTACHED	AMOUNT

TOTAL BUSINESS INCOME (If Schedule X, Y, or Z is not applicable — Total to page 1, line 2A) Enter Schedule Z line 1 \$ _____

SECTION 2B RENTAL INCOME FROM FEDERAL SCHEDULE E AND R

ATTACH COPY OF FEDERAL SCHEDULES

SECTION 2C OTHER INCOME

ATTACH COPY OF 1099 MISC OR GAMBLING WINNINGS

PENALTIES AND INTEREST

NOTE: LATE FILE FEE \$25.00. ONE TIME PENALTY OF 15% ON UNPAID TAX.
ANNUAL INTEREST RATE FOR 2024 IS: 10% ANNUALLY OR 0.8333% PER MONTH.

SECTION X RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Excluding Ordinary Losses).....\$ _____		N. Capital gains (Excluding Ordinary Gains).....\$ _____	
B. Expenses incurred in the production of non-taxable income (at least 5% of Line Z).....\$ _____		O. Interest Income.....\$ _____	
C. Taxes paid to local municipalities.....\$ _____		P. Dividends.....\$ _____	
D. Net Operating loss deduction per Federal Return.....\$ _____		Q. Other (explain).....\$ _____	
E. Payments to partners.....\$ _____			
F. Sick pay not included in Line 1 above.....\$ _____			
G. Contributions.....\$ _____			
H. Other expenses not deductible (Explain).....\$ _____			
M. (Enter Schedule Z Line 2A).....\$ _____		Z. Total Deductions (enter as Line 2B below).....\$ _____	

SECTION Y BUSINESS ALLOCATION FORMULA – USE ONLY IF PROFIT FROM VILLAGE OF NEW LEBANON BRANCH IS NOT AVAILABLE

	A. LOCATED EVERYWHERE	B. LOCATED IN VILLAGE OF NEW LEBANON	C. PERCENTAGE (b ÷ a)
STEP 1. AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY.....	_____	_____	
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED.....	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID EMPLOYEES.....	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES.....	_____	_____	_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used)		Enter Schedule	Z Line 3B _____ %

SECTION Z

1. BUSINESS INCOME.....	\$ _____
2. A. ITEMS NOT DEDUCTIBLE (Schedule X, Line M) Add \$ _____	
B. ITEMS NOT TAXABLE (Schedule X, Line Z) Deduct \$ _____	
C. ENTER EXCESS LINE 2A or 2B.....	\$ _____
3. A. ADJUST NET INCOME (Line 1 Plus/minus Line 2C) IF SCHEDULE X IS USED.....	\$ _____
B. AMOUNT ALLOCABLE TO VILLAGE OF NEW LEBANON IF SCHEDULE Y STEP 5 IS USED _____ % OF LINE 3....	\$ _____
4. TAXABLE BUSINESS INCOME: LINE 3A OR LINE 3B (Enter On Page 1 Line 2A).....	\$ _____