



VILLAGE OF NEW LEBANON  
INCOME TAX DEPARTMENT  
198 S CLAYTON RD  
NEW LEBANON, OH 45345  
(937) 687-1341  
FAX (937) 687-1213

**W-1 2024 Withholding Return**  
**W-3 2024 Reconciliation**

## **EMPLOYER'S MUNICIPAL INCOME TAX WITHHOLDING FORMS**

## GENERAL INFORMATION

Each employer within or doing business within the Village of New Lebanon who employs one or more persons is required to withhold the tax of 1% from all compensation paid to employees at the time the compensation is paid, and file form W-1 and remit the tax to the Village of New Lebanon Tax Dept., 198 S. Clayton Rd, New Lebanon, Ohio 45345.

**Monthly:** All returns and payments are due on or before the 15th day of each month for the amount withheld during the preceding month.

**Quarterly:** All returns and payments are due on or before the 30th day of the month following each calendar quarter.

Delinquent payments shall be subject to penalty, interest and late filing fee charges as provided for in the New Lebanon Income Tax Rules and Regulations. Postage meter dates are not recognized as a verification of timely filing.

The failure of any employer to receive or procure Form W-1 shall not excuse him/her from making this return or from remitting the tax withheld.

How to prepare this form:

- LINE 1** – Enter total compensation paid to all taxable employees during the period for which return is made. If no compensation was paid during the period, so indicate and return form W-1.
- LINE 2** – Compute New Lebanon Tax due. (1% times Payroll).
- LINE 3** – Enter amount remitted.

**EMPLOYER'S RETURN OF TAX WITHHELD – NEW LEBANON**

AMENDED (Attach Explanation)

**RETURN WITH PAYMENT**

**VILLAGE OF  
NEW LEBANON**

- 1. PAYROLL THIS PERIOD..... \$ \_\_\_\_\_
- 2. AMOUNT OF NEW LEBANON TAX WITHHELD (1%) ..... \$ \_\_\_\_\_
- 3. AMOUNT REMITTED..... \$ \_\_\_\_\_
- TOTAL REMITTANCE** ..... \$ \_\_\_\_\_

Is this a courtesy withholding.....  Yes  No

Is this a final return .....  Yes  No If yes, attach explanation

NAME AND ADDRESS

FOR QUARTERLY PERIOD  
**JANUARY, FEBRUARY, MARCH**

DUE ON OR BEFORE  
**APRIL 30, 2024**

I hereby certify that the information and statements  
contained herein are true and correct.

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

Federal ID no. \_\_\_\_\_

THIS RETURN MUST BE FILED ON OR BEFORE  
THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO  
**VILLAGE OF NEW LEBANON**

**MAIL TO:**  
**VILLAGE OF NEW LEBANON**  
**INCOME TAX DEPT.**  
**198 S CLAYTON RD**  
**NEW LEBANON, OHIO 45345**  
**(937) 687-1341**

**1**

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

**EMPLOYER'S RETURN OF TAX WITHHELD – NEW LEBANON**

AMENDED (Attach Explanation)

**RETURN WITH PAYMENT**

**VILLAGE OF  
NEW LEBANON**

- 1. PAYROLL THIS PERIOD..... \$ \_\_\_\_\_
- 2. AMOUNT OF NEW LEBANON TAX WITHHELD (1%) ..... \$ \_\_\_\_\_
- 3. AMOUNT REMITTED..... \$ \_\_\_\_\_
- TOTAL REMITTANCE** ..... \$ \_\_\_\_\_

Is this a courtesy withholding.....  Yes  No

Is this a final return .....  Yes  No If yes, attach explanation

NAME AND ADDRESS

FOR QUARTERLY PERIOD  
**APRIL, MAY, JUNE**

DUE ON OR BEFORE  
**JULY 30, 2024**

I hereby certify that the information and statements  
contained herein are true and correct.

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

Federal ID no. \_\_\_\_\_

THIS RETURN MUST BE FILED ON OR BEFORE  
THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO  
**VILLAGE OF NEW LEBANON**

**MAIL TO:**  
**VILLAGE OF NEW LEBANON**  
**INCOME TAX DEPT.**  
**198 S CLAYTON RD**  
**NEW LEBANON, OHIO 45345**  
**(937) 687-1341**

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.  
**FORM W-1**

**EMPLOYER'S RETURN OF TAX WITHHELD – NEW LEBANON**

AMENDED (Attach Explanation)

**RETURN WITH PAYMENT**

**VILLAGE OF  
NEW LEBANON**

- 1. PAYROLL THIS PERIOD..... \$ \_\_\_\_\_
- 2. AMOUNT OF NEW LEBANON TAX WITHHELD (1%) ..... \$ \_\_\_\_\_
- 3. AMOUNT REMITTED..... \$ \_\_\_\_\_
- TOTAL REMITTANCE** ..... \$ \_\_\_\_\_

Is this a courtesy withholding.....  Yes  No

Is this a final return .....  Yes  No If yes, attach explanation

NAME AND ADDRESS

FOR QUARTERLY PERIOD  
**JULY, AUGUST, SEPTEMBER**

DUE ON OR BEFORE  
**OCTOBER 30, 2024**

I hereby certify that the information and statements  
contained herein are true and correct.

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

Federal ID no. \_\_\_\_\_

THIS RETURN MUST BE FILED ON OR BEFORE  
THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO  
**VILLAGE OF NEW LEBANON**

**MAIL TO:**  
**VILLAGE OF NEW LEBANON**  
**INCOME TAX DEPT.**  
**198 S CLAYTON RD**  
**NEW LEBANON, OHIO 45345**  
**(937) 687-1341**

**3**

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

**EMPLOYER'S RETURN OF TAX WITHHELD – NEW LEBANON**

AMENDED (Attach Explanation)

**RETURN WITH PAYMENT**

**VILLAGE OF  
NEW LEBANON**

- 1. PAYROLL THIS PERIOD..... \$ \_\_\_\_\_
- 2. AMOUNT OF NEW LEBANON TAX WITHHELD (1%) ..... \$ \_\_\_\_\_
- 3. AMOUNT REMITTED..... \$ \_\_\_\_\_
- TOTAL REMITTANCE** ..... \$ \_\_\_\_\_

Is this a courtesy withholding.....  Yes  No

Is this a final return .....  Yes  No If yes, attach explanation

NAME AND ADDRESS

FOR QUARTERLY PERIOD  
**OCTOBER, NOVEMBER, DECEMBER**

DUE ON OR BEFORE  
**JANUARY 30, 2025**

I hereby certify that the information and statements  
contained herein are true and correct.

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

Federal ID no. \_\_\_\_\_

THIS RETURN MUST BE FILED ON OR BEFORE  
THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO  
**VILLAGE OF NEW LEBANON**

**MAIL TO:**  
**VILLAGE OF NEW LEBANON**  
**INCOME TAX DEPT.**  
**198 S CLAYTON RD**  
**NEW LEBANON, OHIO 45345**  
**(937) 687-1341**

**4**

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.  
**FORM W-1**

# WITHHOLDING RECONCILIATION INSTRUCTIONS

## GENERAL INFORMATION

On or before February 28 of each year, each employer must file a withholding reconciliation. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2's must furnish the name, address, social security number, qualifying wages, city tax withheld, name of city for which tax was withheld, and any other compensation paid to the individual. If copies of the W-2 forms are not available, each employer must provide a listing of all employees subject to New Lebanon tax. The listing shall require the same type of information as is required of the W-2 forms as stated above.

Any individual(s) or business entity compensating individuals on commission or contract labor basis must furnish copies of the 1099 or appropriate earnings statement on or before February 28 of each year. All 1099's or earnings statements shall require the same type of information as is required of the W-2 forms as stated above. Failure to provide this information can result in a \$500.00 penalty.

## SPECIFIC FILING INFORMATION

The front of the FORM W-3 must show a breakdown of all withholding payments made either quarterly or monthly in the boxes provided. The number of employees, total paid, New Lebanon taxable wages and the total New Lebanon tax withheld boxes must also be completed. Please keep a copy for your records. An explanation of any difference, other than rounding, between the tax liability and the tax remitted must be submitted. The completed W-3 form and all attachments must be submitted to the Village of New Lebanon Income Tax Department, 198 S. Clayton, New Lebanon, OH 45345, on or before February 28 of each year. Any questions in completing the Form W-3 should be referred to the Income Tax Department.



# VILLAGE OF NEW LEBANON ANNUAL RECONCILIATION RETURN

**W-2'S MUST BE ATTACHED**

**MAIL TO: INCOME TAX DEPARTMENT  
VILLAGE OF NEW LEBANON  
198 S CLAYTON RD  
NEW LEBANON, OHIO 45345  
PHONE: (937) 687-1341**

**FOR TAX YEAR ENDING 2024 DUE FEBRUARY 28, 2025**

**PAYMENT ENCLOSED**

**REFUND REQUESTED**

SEE INSTRUCTIONS

NAME: \_\_\_\_\_

FIN: \_\_\_\_\_

**FORM W3**

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
1ST QUARTER	3RD QUARTER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER
2ND QUARTER	4TH QUARTER

ALL SECTIONS MUST BE COMPLETED	
1. TOTAL NUMBER NEW LEBANON W-2'S	_____
2. NEW LEBANON WAGES SUBJECT TO WITHHOLDING TAX	\$ _____
3. AMOUNT OF NEW LEBANON TAX WITHHELD	\$ _____
4. AMOUNT OF REMITTED	\$ _____
5. ADJUSTMENTS	\$ _____
6. TOTAL NEW LEBANON TAX DUE	\$ _____

I hereby certify that the information and statements contained herein are true and correct.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Federal ID no. \_\_\_\_\_ Date \_\_\_\_\_

Phone no. \_\_\_\_\_



# WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

<u>Voucher Number</u>	<u>Quarter Ending</u>	<u>Payment Due</u>	<u>Check Number</u>	<u>Date</u>	<u>Amount Paid</u>
1.	3/31	4/30	_____	_____	_____
2.	6/30	7/30	_____	_____	_____
3.	9/30	10/30	_____	_____	_____
4.	12/31	1/30	_____	_____	_____
<b><u>Total Amount Paid</u></b>					_____