



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

**2016 VILLAGE OF NEW LEBANON
 INCOME TAX RETURN**
 OR FISCAL PERIOD _____ TO _____
 CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 17

THIS SPACE FOR
 TAX OFFICE USE ONLY

PF _____
 D _____
 P & I _____
 Check _____
 Cash _____
 Refund requested _____

SOC SEC. NO. _____

FED. I.D. 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

DID YOU FILE A RETURN LAST YEAR? YES NO

CHECK YOUR STATUS AS A TAXPAYER
 EMPLOYEE PROFESSIONAL PROPRIETOR
 PARTNER CORPORATION OTHER

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

RESIDENT NON-RESIDENT

If you rent, please give name and address of landlord.
 NAME _____
 ADDRESS _____

1. WAGES, SALARIES, TIPS & OTHER COMPENSATION (Attach ALL W-2 Forms)(BOX 5) \$ _____
2. OTHER TAXABLE INCOME: **NO LOSS CARRY FORWARD**
 - A. BUSINESS PROFIT (Attach Federal Forms) PAGE 2 SECTION \$ _____
 - B. RENTAL INCOME (Attach Federal Forms) PAGE 2 SECTION B..... \$ _____
 - C. TOTAL OTHER TAXABLE INCOME (Line A Plus Line B) Not less than zero..... \$ _____
3. DEDUCT EMPLOYEE BUSINESS EXPENSE (Attach Fed. 2106 and Schedule A Forms) \$ _____
4. TAXABLE INCOME (Line 1 Plus Line 2C Less Line 3) \$ _____
5. TAX DUE 1% OF LINE 4..... \$ _____
6. Credits (A) New Lebanon Tax withheld by employer(s) from Line 1 \$ _____
 (B) Payments on Current Declaration (or Credit) \$ _____
 (C) Total Credits Allowable..... \$ _____
7. Amount of Tax Due If Line 5 is Greater than Line 6C \$ _____
- b. PENALTY & INTEREST \$ _____
8. Amount payable to Village of New Lebanon Income Tax..... \$ _____
9. Overpayment claimed _____ refund Credit to next year Declaration **PAY THIS AMOUNT** \$ _____

**BY FEDERAL LAW ALL REFUNDS AND CREDITS IN EXCESS OF \$10.00 ARE BEING REPORTED TO IRS.
 NO TAXES OR REFUNDS OF LESS THAN \$10.00 WILL BE COLLECTED OR REFUNDED.**

DECLARATION OF ESTIMATED TAX FOR YEAR 2017

1. Total income subject to New Lebanon tax..... \$ _____
2. Village of New Lebanon tax 1% \$ _____
3. Less New Lebanon Tax Withheld
 - a. By a New Lebanon employer \$ _____
 - b. By an employer in _____ \$ _____
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 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 _____ Signature of Person Preparing if Other than Taxpayer _____ Date _____

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

SECTION A 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 B RENTAL INCOME FROM FEDERAL SCHEDULE E AND R

ATTACH COPY OF FEDERAL SCHEDULES

SECTION C INTEREST AND PENALTIES

NOTE: LATE FILE FEE \$25.00 PER MONTH UP TO \$150.00. ONE TIME PENALTY OF 15% ON UNPAID TAX. ANNUAL INTEREST RATE FOR 2016 IS: 5% ANNUALLY OR 0.417% 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).....	\$ _____