File with:
INCOME TAX DEPARTMENT
P.O. BOX 42
LISBON, OHIO 44432

Make Checks and Money Orders Payable To:
LISBON INCOME TAX

Resident ❑ Non-Resident ❑

_____ Check here if name or address has been changed

LISBON INCOME TAX YEAR _____

or

Fiscal Period _____ to _____

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15
FISCAL and PARTIAL YEARS FILE WITHIN 105 DAYS of end of period

FILE TAX RETURNS AND PAY TAXES PROMPTLY TO AVOID PENALTIES

Paid with Return

_____

Declaration _____

_____

Check _____

Cash _____

Tax Office Copy

Soc. Sec. No. (H) Single M

_____

Soc. Sec. No. (S) Single F

_____

Fed I.D. No.

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE GIVE DATE OF MOVE.

INTO CITY _____

OUT OF CITY _____

Check your status as a taxpayer: Employee ❑ Professional ❑ Proprietor ❑ Partner ❑ Corporation ❑ Other ❑

Larger Figure On W-2 Used For Local Tax

ATTACH ALL W-2 COPIES HERE

1. Gross Compensation (Attach All W-2's) . . . . . $ _____
2. Net Profit from Rentals - (Schedule G, Page 2) . . . . . _____
3. Net Profit from Business or Profession - (Schedule C, Page 2) . . . . . _____
4. Income from Partnerships, etc., including Farms - (Schedule H, Page 2) . . . . . _____
5. Total income subject to Lisbon Income Tax (Total Lines 1, 2, 3, 4) . . . . . $ _____
6. Lisbon Tax, 1 1/2% of Item 5 . . . . . $ _____
7. Payments on Declaration of Estimated Lisbon Income Tax . . . . . $ _____
8. Lisbon Tax withheld from my wages . . . . . $ _____
9. Income Tax paid another City - (Tax Credit cannot exceed 1 1/2% of gross earnings in other city.) . . . . . $ _____
10. Other credits allowed - Explain . . . . . $ _____

Total Credits Claimed . . . . . _____

11. Balance of Tax Due (Make check to: Lisbon Income Tax) . . . . . $ _____
12. If your payments (item 7) are larger than your tax (item 6) enter Overpayment here . . . . . $ _____
13. Penalty $_____ , interest $_____ (Enter amount of penalty and interest here) . . . . . $ _____
14. Total Amount Due . . . . . $ _____
15. Use X to indicate whether overpayment is to be refunded to you ❑
    or applied against your Declaration of Estimated Tax ❑

(Amount of $.99 or less is not refundable or payable.)

DECLARATION OF ESTIMATED TAX FOR YEAR _____

1. Total estimated income subject to tax $_____ Multiply by tax rate 1.5% for gross tax . . . . . $ _____
2. Less any city tax to be withheld . . . . . $ _____
3. Balance of Lisbon Income Tax declared . . . . . $ _____
4. Less credits: A. Overpayment on previous year's return . . . . . $ _____
   B. Previous payment, if this is an amended estimated . . . . . $ _____
5. Unpaid balance of net tax due . . . . . $ _____
6. Attach check or M.O. for amount due (At least 25% of Line 5) . . . . . $ _____

ESTIMATE - PAY THIS AMOUNT

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Signature of Person Preparing If Other Than Taxpayer	Date	Signature of Taxpayer or Agent	Date