### 2018 VILLAGE OF NEW LEBANON
#### INCOME TAX RETURN

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

<table>
<thead>
<tr>
<th>FILING REQUIRED EVEN IF NO TAX DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LATE FILING OF THIS RETURN SUBJECTS YOU TO INTEREST AND PENALTY</td>
</tr>
</tbody>
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**NO TAXABLE INCOME:**
- [ ] SOCIAL SECURITY
- [ ] DISABILITY
- [ ] NO INCOME

**IF FULLY RETIRED AND AGE 72**
- [ ] CHECK HERE

**IF YOU MOVED DURING THE YEAR**
- COMPLETE THE FOLLOWING:
  - MOVED IN: ______
  - MOVED OUT: ______
  - PRESENT ADDRESS: ______
  - PREVIOUS ADDRESS: ______

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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 4** ................................................................................................................. $*

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, 2019** ................ $*
   - **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** ........................................................ $*

9. **Overpayment claimed ** ................................................................................................................. $*

   - [ ] refund
   - [ ] Credit to next year Declaration

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**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 OR CREDITED TO NEXT YEAR.**

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**DECLARATION OF ESTIMATED TAX FOR YEAR 2019**

1. **Total income subject to New Lebanon tax** ................................................................................. $*

2. **Village of New Lebanon tax 1%** ................................................................................................... $*

3. **Less New Lebanon Tax Withheld**
   - a. By an employer ......................................................................................................................... $*

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** ........................................................................................................................................ $*

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**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.**

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**Signature** Date **Signature** Date

**Address** Phone **Email**
SECTION A  Attach appropriate federal schedule for income from partnerships, business, estates, trusts, fees and other.

<table>
<thead>
<tr>
<th>RECEIVED FROM</th>
<th>FOR (DESCRIBE)</th>
<th>FEDERAL FORM(S) ATTACHED</th>
<th>AMOUNT</th>
</tr>
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<tbody>
<tr>
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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  OTHER INCOME

ATTACH COPY OF 1099 MISC OR GAMBLING WINNINGS

SECTION X  RECONCILIATION WITH FEDERAL INCOME TAX RETURN

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

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

<table>
<thead>
<tr>
<th>A. LOCATED EVERYWHERE</th>
<th>B. LOCATED IN VILLAGE OF NEW LEBANON</th>
<th>C. PERCENTAGE (b + a)</th>
</tr>
</thead>
</table>

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) ......................................................... $