|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FORM | **W-1121**  **(Individual)** | | | | | | City of Whitehall, Income Tax Division | | | | | | | | | | **2018** | | | | | FOR THE YEAR\_\_\_\_\_\_\_\_ | | | | | |
| **Declaration of Estimated City Income Tax** | | | | | | | | | | BEGINNING \_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **(also serves as Voucher 1)** | | | | | | | | | | ENDING \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | | | | | | |  | | | | | | |  | | | | | |  | | |
|  | | | | | | | | | | |  | | | | | | | Check this box if | | | | | | **□ AMENDED** | | |
| Name | | | | | | | | | | | Social Security No. | | | | | | | Tax year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | City of Residence  Current Employer’s Name  Current Employer’s Address  List Other Employer(s) or Business(es) and Address(es)  Did you file a City return last year?  □ Yes □ No  If YES, from what address? | | | | | | | | |
| If a joint return, spouse’s name | | | | | | | | | | | Spouse’s Social Security No. | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | |  | | | | | | |
|  | | | | |  | | | | | |  | | | | | | |
| City | | | | | State | | | | | | Zip Code | | | | | | |
|  | | | | |  | | | | | |  | | | | | | |
|  | | | | |  | | | | | |  | | | | | | |
|  | | | | | | | | |  | | | | | | | | |
| Trade Name: | | | | | | | | | Nature of Business: | | | | | | | | |
| CITY OR CITIES OF INCOME: | | | | | | | | |  | | | | | | | | |
| 1. | | | | | | | | | 5. | | | | | | | | |
| 2. | | | | | | | | | 6. | | | | | | | | |
| 3. | | | | | | | | | 7. | | | | | | | | |
| 4. | | | | | | | | | 8. | | | | | | | | |
|  | | | | | | | | |  | | | |  | | | | |  | | | | | | | | |
| **Column A** | | | | **Column B**  Estimated Income From Wages, Salaries, Commission Etc. | | | | | **Column C**  Estimated Income From Net Profits, Rents and Other Taxable Income | | | **Column D**  Total Net Estimated Income | **Tax**  **Rate** | | **Column E**  Estimated Tax Due | | | | | **Column F**  Less tax withheld (W-2) Paid by a partnership or paid directly to City where income Earned | | | | | **Column G**  Estimated Tax Due | |
| Whitehall | | | |  | | | | |  | | |  | 2.5% | |  | | | | |  | | | | |  | |
| 1. | | TOTAL NET ESTIMATED TAX DUE (must equal the total of Column G) | | | | | | | | | | | |  |  | | | | | | 1. | |  | | |
| 2. | | LESS: overpayment credits from previous year returns | | | | | | | | | | | | 2 |  | | | | | |  | |  | | |
| 3. | | CREDIT previous declaration payments (if an amended declaration) | | | | | | | | | | | | 3. |  | | | | | |  | |
| 3A. | | TOTAL CREDITS (add Lines 2 and 3) | | | | | | | | | | | | 3A. |  | | | | | |  | |
| 4. | | UNPAID BALANCE DUE (subtract Line 3A from Line 1  Due on or before APRIL 15TH – (a minimum 25% of Line 1 due) | | | | | | | | | | | | 4 |  | | | | | |  | |
| 5. | | LESS: amount paid with this declaration (attach check or money order) →→→→→→→→→→ | | | | | | | | | | | | | | | | | | | 5. | |  | | |
| 6. | | ESTIMATED TAX BALANCE PAYABLE  (payable in equal installments for each quarter) use Payment Voucher | | | | | | | | | | | | 6. |  | | | | | | (June, September, December) | | | | |
|  | |  | | | | | | | | | | | |  |  | | | | | |  | | | | |
| SIGNATURE | | | | | |  | | | | | | | | | | | | | | | | | | | |
| I declare that this declaration has been examined by me and to the best of my knowledge and belief is a true, correct and complete declaration of estimated income subject to city income tax for the period stated above. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sign**  **Here** | | | Signature | | | Date | | | | | | | | | | | | | **This Form is Voucher 1** | | | | | | |
|  | | |  | | | | | | | | | | | | | If you are required to make estimated tax payments, you are required to file this form. Make a copy of this form for your records. | | | | | | |
| Spouse’s Signature | | | Date | | | | | | | | | | | | |
| MAILING INFORMATION | | | | | | | |  | | | | | | | | | | | | | | | | | |
| NO Payment Enclosed: | | | | | | | | | | *Electronical payments can be made* | | | | | | Payment Enclosed: | | | | | | | | | |
| Mail to: Whitehall Income Tax Division | | | | | | | | | | *at www.whitehall-oh.us* | | | | | | Make payable to: City of Whitehall | | | | | | | | | |
| 360 S Yearling Road  Whitehall, OH 43213 | | | | | | | | | |  | | | | | | Mail to: Whitehall Income Tax Division  360 S Yearling Road  Whitehall, OH 43213 | | | | | | | | | |