## Z C Y S

## W-1121

(Individual)

City of Whitehall, Income Tax Division

## **Declaration of Estimated City Income Tax**

(also serves as Voucher 1)

019	FOR THE YEAR						
	BEGINNING						
	ENDING						

								Check th	nis box	if	<b>□ A</b>	MENDED		
Name				Social S	Tax ye	Tax year								
If a joint return, spouse's name				Spouse's Social Security No.					O'mat Parishana					
			City of R	City of Residence										
Address								Current	Current Employer's Name					
									1					
City		State		Zip Code	Current	Current Employer's Address								
Only Otalio 25 Code									1					
								Liet On	List Other Frankruss(s) on Business(se) and					
Trade Name: Nature				e of Business:					List Other Employer(s) or Business(es) and Address(es)					
CITY OR CIT	ES OF INCO	OME:												
1.		<u> </u>	5.	5.						Did you file a City return last year?				
2.		6.					⊔ re	□ Yes □ No						
3.			7.					If YES, f	If YES, from what address?					
4. 8.									1					
Column	Co	lumn B	Colun	Column C Column D				Column E	_ Oolalliii i					
Α		ed Income From ges, Salaries,	Estimated From Net		Total Net Estimated	Rate		Estimated Tax Due		Less tax withheld Estimated (W-2) Paid by a Due				
	nmission Etc.	Rents and Taxable I	Income				partnership or paid directly to City where							
14/1-14 - 1 II			Taxable income			0.5	2/		income Earned					
Whitehall						2.5	%							
1. TOTAL	NET ESTIM	ATED TAX DUE	(must equal	the total of	of Column G)					1.				
2. LESS: overpayment credits from previous year returns							2							
CREDIT previous declaration payments (if an amer				nended de	nded declaration) 3.									
3A. TOTAL CREDITS (add Lines 2 and 3)						3	А.							
LINPAID BALANCE DUE (subtract Line 3A from Line 1						F								
4. Due on or before APRIL 15 <sup>TH</sup> – (a minimum 25% of Line 1 due)							4							
5. LESS: amount paid with this declaration (attach check or money order) $\longrightarrow \longrightarrow \longrightarrow$							$\rightarrow \rightarrow$	$\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$	$\rightarrow \rightarrow$	5.				
6. ESTIMATED TAX BALANCE PAYABLE (payable in equal installments for each quarter) use Payment Voucher							6.		(June, September, December					
(F-2) 22.2 2723 2														
SIGN	ATURE													
		n has been exami			est of my knowledge	e and b	elief i	s a true, correct	and co	mplete	declaratio	n of estimated		
moomo cabjeo	· .	·	a olaloa abol			Da	te		This	s For	m is Vo	oucher 1		
Signature Here Spouse's						If you are required to make estimated								
				Date					tax payments, you are required to file this form. Make a copy of this form for					
	Signa	ature				Da			our reco					
MAILING														
INFORM	YION													