(Individual)

City of Whitehall, Income Tax Division

Declaration of Estimated City Income Tax

(also serves as Voucher 1)

FOR THE YEAR
BEGINNING
ENDING

			ı						ı					
								Check this box if				MENDED		
Name				Social S		Tax yea	ar							
If a joint return,	enouse's nai	mρ		Snouse'	s Social Security	No			-					
ii a joint retuin,	spouse s riai	IIIC		Spouse's Social Security No.					City of Residence					
Address					Current Employer's Name									
City		State		Zip Code						Current Employer's Address				
									List Other Employer(s) or Rusiness(es) and					
Trade Name:			Nature of E	Nature of Business:					List Other Employer(s) or Business(es) and Address(es)					
CITY OR CITIE	S OF INCOM	ME.								-				
1.	0 01 1110011	VIC.	5.	5						Did you file a City return last year? □ Yes □ No				
2.			6.											
3.			7.											
4.		8.							If YES, from what address?					
			0.											
Caluman	0.1		Calum	0	Column D	Та	v	<u></u>	lumn E		_ l		Column G	
Column		umn B	Colum Estimated		Total Net		ate		mated Tax			mn F	Estimated Tax	
Α	Wage	es, Salaries,	From Net Profits, Estimated						Due	ue (W-2) Paid by a Due				
	mission Etc.	Rents and Other Income Taxable Income					partnership or paid directly to City where							
\^/b:+oboll										in	come	Earned		
Whitehall 2.5%													T	
1. TOTAL N	ET ESTIMA	TED TAX DUE	(must equal	the total of	of Column G)						1.			
2. LESS: or	verpayment	evious year re	eturns 2											
3. CREDIT	previous dec	ents (if an am	n 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 15 [™] – (a minimum 25% of Line 1 due)							4							
		,			,	-	$\rightarrow \rightarrow -$	→	→	→	5.			
ESTIMATED TAX BALANCE PAYABLE							6		(June, September, December			er December)		
6. (payable in equal installments for each quarter) use Payment Voucher 6.										(Jul	ne, depteme	er, December)		
SIGNA	TURE													
I declare that this income subject to					est of my knowledge	e an	d belief	is a tı	rue, correct	and co	mple	te declaratio	n of estimated	
	·					Date			This Form is Voucher 1					
Sign	Signati	urė						If you are required to make estimated tax payments, you are required to file						
Here	Spous	se's												
	Signature					Date				this form. Make a copy of this form for your records.				
MAILING														
INFORMA	TION													

NO Payment Enclosed: Mail to: Whitehall Income Tax Division 360 S Yearling Road Whitehall, OH 43213

Electronical payments can be made at www.whitehall-oh.us

Payment Enclosed: Make payable to: City of Whitehall Mail to: Whitehall Income Tax Division 360 S Yearling Road Whitehall, OH 43213