W-112′ (Individual)

City of Whitehall, Income Tax Division

Declaration of Estimated City Income Tax

(also serves as Voucher 1)

TAX YEAR	
BEGINNING _	
ENDING	

								Check this box if							
Name So					ecurity No.		Tax ye	ar			-				
If a joint return, spouse's name Spouse's Social Security No.															
, .,, ., .,						City of Residence									
Address									Current Employer's Name						
Hadrood	1000								_ Guirent Employer's Name						
City		State		Zip Code	n Codo					Current Employer's Address					
City		State		Zip Cou	e										
Total Name of Davis									List Other Employer(s) or Business(es) and Address(es)						
	Trade Name: Nature of Business:								Address	(03)					
CITY OR CITIES	S OF INCO	OME:	5.						Did you f	ile a C	City re	eturn last ye	ear?		
2.		6.						Did you file a City return last year? □ Yes □ No							
3.									-						
4.	7.								If YES, from what address?						
4.	8.														
Calumn	Co	lump D	Colum	nn C	Column D	Та	ax	Col	lumn E	_	اللم	mn F	Column G		
Column B Estimated Income From				Column C Estimated Income Column D Total Net			D-4-		nated Tax		ss tax withheld Estimated Tax				
A	ges, Salaries, nmission Etc.	From Net Rents and	Estimated Income				Due (W-2) Paid by partnership or pa				Due				
Gommioden Ete.			Taxable Income						directly to City where income Earned						
Whitehall						2.	2.5%								
1. TOTAL N	ET ESTIM/	ATED TAX DUE	(must equal	the total o	of Column G)						1.				
LESS: overpayment credits from previous year returns							2								
CREDIT previous declaration payments (if an amended declaration)							3.								
3A. TOTAL CREDITS (add Lines 2 and 3)							3A.								
UNPAID BALANCE DUE (subtract Line 3A from Line 1							4								
	Due on or before APRIL 15''' – (a minimum 25% of Line 1 due)								$\rightarrow \rightarrow \rightarrow \rightarrow -$	$\rightarrow \rightarrow$	5.				
ESTIMATED TAX BALANCE PAYABLE							6.		(June, September, January)				per, January)		
(payable in equal installments for each quarter) use Payment Voucher															
SIGNA	TURE														
I declare that this income subject to					est of my knowledge	e an	d belief	is a tr	ue, correct a	and co	mple	te declaration	on of estimated		
	Signa	iture		Date					This Form is Voucher 1						
Sign	Oigila								If you are required to make estimated						
Here	ise's					Date		tax payments, you are required to file this form. Make a copy of this form for							
MAILING	Signa	itui E							yc	our rec	ords.				
INFORMA	TION														