(Individual)

City of Whitehall, Income Tax Division

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

(also serves as Voucher 1)

| FOR THE YE | AR |
|------------|----|
| BEGINNING  |    |
| ENDING     |    |

|  |  |  |   |                               |                                     |             |                             |         | 1   |  |   |               |                            |  |  |  |
|--|--|--|---|-------------------------------|-------------------------------------|-------------|-----------------------------|---------|---|--|---|---------------|----------------------------|--|--|--|
|  |  |  |   |                               | Check this box if   AMENDED         |             |                             |         |   |  |   |               |                            |  |  |  |
| Name Social Security No.   |  |  |   |                               |                                     |             |                             |         | Tax yea   | ar   |   |               |                            |  |  |  |
|  |  |  |   |                               |                                     |             |                             |         |   |  |   |               |                            |  |  |  |
| If a joint return, s   | nouso's name   |  |   | Chausa'                       | s Social Security                   | NIo         |                             |         |   |  |   |               |                            |  |  |  |
| ii a joint return, s   | ouse's name  |  |   | Spouse                        | S Social Security                   | INO.        |                             |         | City of Residence   |  |   |               |                            |  |  |  |
|  |  |  |   |                               |                                     |             |                             |         |   |  |   |               |                            |  |  |  |
| Address  |  |  |   |                               |                                     |             |                             |         | Current Employer's Name                                       |  |   |               |                            |  |  |  |
|  |  |  |   |                               |                                     |             |                             |         |   |  |   |               |                            |  |  |  |
| City   | State Zip Code   |  |   |                               |                                     |             |                             |         | Current Employer's Address                                    |  |   |               |                            |  |  |  |
|  |  |  |   |                               |                                     |             |                             |         |   |  |   |               |                            |  |  |  |
|  |  |  |   |                               |                                     |             |                             |         |   |  |   |               |                            |  |  |  |
| Trade Name: Nature of Business:  |  |  |   |                               |                                     |             |                             |         | List Other Employer(s) or Business(es) and Address(es)        |  |   |               |                            |  |  |  |
|  |  |  |   |                               |                                     |             |                             |         | - 1 (1000)  |  |   |               |                            |  |  |  |
| CITY OR CITIES   | OF INCOME:   |  |   |                               |                                     |             |                             |         |   |  | Did you file a City return last year?   |               |                            |  |  |  |
| 1.   |  |  | 5.  |                               | □ Yes □ No                          |             |                             |         |   |  |   |               |                            |  |  |  |
| 2.   |  |  | 6.  |                               |                                     |             |                             |         |   |  |   |               |                            |  |  |  |
| 3.   |  |  | 7.  |                               | If YES, from what address?          |             |                             |         |   |  |   |               |                            |  |  |  |
| 4.   | . 8.   |  |   |                               |                                     |             |                             |         |   |  |   |               |                            |  |  |  |
|  |  |  |   |                               |                                     |             |                             |         |   |  |   |               |                            |  |  |  |
| Column<br>A  | Columi<br>Estimated Incor<br>Wages, Sala<br>Commission | me From<br>aries,                        | Colum Estimated I From Net I Rents and Taxable Ir | Income<br>Profits,<br>I Other | Column D Total Net Estimated Income | Tax<br>Rate |                             |         | lumn E<br>mated Tax<br>Due                                    | Les<br>(W<br>part<br>direc   | Column F Less tax withheld (W-2) Paid by a partnership or paid rectly to City where income Earned |               | Column G Estimated Tax Due |  |  |  |
| Whitehall  |  |  |   |                               |                                     | 2.          | 5%                          |         |   |  | OOIIIC  | Larrica       |                            |  |  |  |
|  | T ESTIMATED  | TAX DUE                                  | (must equal                                       | the total c                   | of Column G)                        |             |                             |         |   |  | 1.  |               |                            |  |  |  |
| <ol> <li>TOTAL NET ESTIMATED TAX DUE (must equal the total of Column G)</li> <li>LESS: overpayment credits from previous year returns</li> </ol> |  |  |   |                               |                                     |             |                             |         |   |  | • • •   |               |                            |  |  |  |
|  |  | ·  | •   |                               | olaration)                          | •           | 2<br>3.                     |         |   |  |   |               |                            |  |  |  |
| CREDIT previous declaration payments (if an amended declaration)   |  |  |   |                               |                                     |             |                             |         |   |  |   |               |                            |  |  |  |
| 3A. TOTAL CREDITS (add Lines 2 and 3)  UNPAID BALANCE DUE (subtract Line 3A from Line 1  |  |  |   |                               |                                     |             |                             |         |   |  |   |               |                            |  |  |  |
| 4. Due on or   | before APRIL 15  | subiraci Lii<br>5 <sup>TH</sup> – (a mir | nimum 25% (                                       | of Line 1                     | due)                                |             | 4                           |         |   |  |   |               |                            |  |  |  |
|  |  |  |   |                               |                                     |             |                             |         | $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$ | $\rightarrow$  | 5.  |               |                            |  |  |  |
| 6 ESTIMATED TAX BALANCE PAYABLE  |  |  |   |                               |                                     |             | (June, September, December) |         |   |  |   |               |                            |  |  |  |
| (payable in equal installments for each quarter) use Payment Voucher   |  |  |   |                               |                                     |             |                             |         |   |  |   |               |                            |  |  |  |
| SIGNAT   | URE  |  |   |                               |                                     |             |                             |         |   |  |   |               |                            |  |  |  |
| I declare that this of income subject to   |  |  |   |                               | st of my knowledge                  | e and       | d belief                    | is a tr | ue, correct   | and co   | mple  | te declaratio | n of estimated             |  |  |  |
| Date   |  |  |   |                               |                                     |             |                             |         | Thi   | s Fo   | orm is Vo   | ucher 1       |                            |  |  |  |
| Sign   | Signature _  |  |   |                               |                                     |             |                             |         | If you are required to make estimated                         |  |   |               |                            |  |  |  |
| Here Spouse's Signature  |  |  |   |                               | Date                                |             |                             |         |   | tax payments, you are required to file this form. Make a copy of this form for your records. |   |               |                            |  |  |  |
| MAILING<br>INFORMAT  | ION  |  |   |                               |                                     |             |                             |         |   |  |   |               |                            |  |  |  |