

DELPHOS CITY INCOME TAX

CITY OF DELPHOS * INCOME TAX DEPARTMENT * 608 N. CANAL ST. * DELPHOS, OHIO 45833

Declaration of Estimated Income for Year _____

FILE BY APRIL 15

(A) Name and Address: - If incorrect, please make necessary changes.

Social Security No: _____

Fed. I.D. No: _____

Please answer the following questions:

1. City of residence _____
2. City of Employment _____
3. Employer's name _____
4. Date employment began _____

(D) The undersigned declares this to be a true, correct and complete Declaration of Estimated Delphos Income Tax for the period stated.

(Signature)

(Date)

SEPARATE HERE AND SEND TOP PART TO CITY

INSTRUCTIONS

FOR COMPLETION OF LINES 1 THRU 4 - PART C
COMPUTATION OF ESTIMATED TAX

1. Insert the amount you expect to make in the coming year.
2. Line A should reflect the amount of tax withheld by your Delphos employer up to the maximum percent shown on Line 1. Line (b) should correspond to the figure shown on your Final a an overpayment unless a refund was requested. Line (c) refers only to income taxes you expect to pay another municipality, .75% credit is allowed.
4. You may pay the entire amount declared with the filing of this form.

NOTE: The return of this form, unless signed, dated and accompanied by payment of at least 25% of the estimated tax shown on Line 3, does not constitute the filing of a Declaration.

(C) Computation of Estimated Tax:

1. Total Income Subject to Tax.....\$ _____
Multiple by Tax Rate of 1.5% for gross tax of.....\$ _____
2. Less Expected Tax Credits
 - (a) Withheld by a Delphos employer
(not to exceed 1.5%).....\$ _____
 - (b) Overpayment from prior year.....\$ _____
 - (c) Payments to another municipality
(not to exceed .75% of Line 1).....\$ _____
 - (d) Total Credits.....\$ _____
3. Net Tax Due (Line 1 less Line 2d).....\$ _____
4. Amount Paid with this Declaration
(not less than 1/4 of Line 3).....\$ _____

If this declaration is not filed and amount due paid on or before the due date, you must add penalty and interest at the rate of (1.5%) per month.

MAKE CHECK TO "TREASURER CITY OF DELPHOS"

REMITTANCE STUB
Declaration of Estimated Tax

Q 1

Name or Address-If Incorrect, Make Necessary Changes

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Q 1

Name or Address-If Incorrect, Make Necessary Changes

1/3 of unpaid balance must be paid by: **JULY 31**

Payment Amount \$

1/2 of unpaid balance must be paid by: **OCT. 31**

Payment Amount \$

Unpaid balance must be paid by: **JAN. 31**

Payment Amount \$

