

# DELPHOS CITY INCOME TAX

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

Declaration of Estimated Income for Year 2017

**FILE BY APRIL 15**

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

[Empty box for Name and Address]

### 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 as 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 1.75% for gross tax of ..... \$ \_\_\_\_\_
2. Less Expected Tax Credits
  - (a) Withheld by a Delphos employer..... \$ \_\_\_\_\_
  - (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) ..... \$ \_\_\_\_\_

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

Estimated payments are required for tax liability of \$200 or more.  
**MAKE CHECK TO "TREASURER CITY OF DELPHOS"**

**REMITTANCE STUB**  
Declaration of Estimated Tax

Q1

**REMITTANCE STUB**  
Declaration of Estimated Tax

Q1

**REMITTANCE STUB**  
Declaration of Estimated Tax

Q1

Name or Address-If Incorrect. Make Necessary Changes

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1/3 of unpaid balance must be paid by: JUNE 15

1/2 of unpaid balance must be paid by: SEPT. 15

Unpaid balance must be paid by: DEC. 15

Payment Amount \$

Payment Amount \$

Payment Amount \$