

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

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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 Ohio 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 Ohio 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)

Underpaid estimate taxes may be subject to annual interest of 5% and penalty of 15%

SEPARATE HERE AND SEND TOP PART TO CITY

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: **Jun 15**

1/2 of unpaid balance must be paid by: **Sep 15**

Unpaid balance must be paid by: **Dec 15**

Payment Amount \$

Payment Amount \$

Payment Amount \$