

Declaration of Estimated Taxes for the Tax Year _____

Your first name and initial	Last Name
Spouse's first name and initial	Last Name
Home address (number and street)	Apt. No.
City, town or post office, state, and ZIP code	

Amherst Income Tax Department
480 Park Avenue
Amherst, OH 44001
phone (440) 988-4212 fax (440)-988-3749
email: incometax@amherstohio.org

Your social security number	Spouse's social security number
-----------------------------	---------------------------------

Computation of Estimated Taxes

- | | | |
|---|----|--------------|
| 1). Total estimated income subject to tax | \$ | |
| Multiply line 1 by the city income tax rate (1.5%) | X | 0.015 |
| 2). Total estimated tax | \$ | |
| 3). Estimated income tax to be withheld or paid to other cities
<i>(This amount would be 1% (.01) of line 1 if you are working in another city that has a tax rate equal to or greater than 1%.)</i> | \$ | |
| 4). Balance of city income tax declared. Subtract line 3 from line 2 | \$ | |
| 5). Tax due. Enter at least 25% of line 22
<small>Checks are made payable to "Amherst Income Tax Department" and mailed to the address above.</small> | \$ | |

Estimated Taxes in the City of Amherst are not mandatory. Please indicate with a check mark, the quarter that you are remitting. The schedule below shows due dates for each quarter. You will be billed accordingly.

<input type="checkbox"/>	1st Quarter	Due April 15th
<input type="checkbox"/>	2nd Quarter	Due June 15th
<input type="checkbox"/>	3rd Quarter	Due September 15th
<input type="checkbox"/>	4th Quarter	Due January 15th

Taxpayer's Signature _____ Date _____ Telephone Number (____) _____

Spouse's Signature _____ Date _____ Telephone Number (____) _____

Preparer's Signature _____ Date _____ Telephone Number (____) _____