

KENTON CITY INCOME TAX

CITY OF KENTON * INCOME TAX DEPARTMENT * P.O. BOX 220 * KENTON, OHIO 43326

Declaration of Estimated Income for Year _____

FILE BY APRIL 30



Cashier's Validation

INSTRUCTIONS

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

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

1. Insert the amount you expect to make in the coming year.
 2. Line (a) should reflect the amount of tax withheld by your employer for any city 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.
 3. 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.

(B) 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 Kenton Income Tax for the period stated.

(Signature)

(Date)

(C) Computation of Estimated Tax:

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

SEPARATE HERE AND SEND TOP PART TO CITY

MAKE CHECK PAYABLE TO "CITY OF KENTON"

REMITTANCE STUB
Declaration of Estimated Tax

KQ 1

Name or Address-If Incorrect, Make Necessary Changes

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2nd Quarter remittance due: **JUNE 30**

Payment Amount \$ _____

3rd Quarter remittance due: **SEPT. 30**

Payment Amount \$ _____

4th Quarter remittance due: **DEC. 31**

Payment Amount \$ _____