



INCOME TAX DEPARTMENT

20 \_\_\_\_\_ Declaration of Estimated Tax

Taxpayer Name and Address:

Account #: \_\_\_\_\_
Taxpayer SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or
Federal ID# \_\_\_\_\_ - \_\_\_\_\_

REQUIREMENTS

1. WHO MUST MAKE A DECLARATION: Every person who anticipates receiving any taxable income or who engages in any business, profession, enterprise, or activity subject to Delaware income tax which is expected to be \$200.00 or more after excluding Delaware withholding and applicable credits must file a Declaration of Estimated Tax. Seventy percent (70%) of City of Delaware income tax must be paid on or before January 31st (due date of 4th quarter payment), or be subject to a declaration penalty of 1% per month and interest of 1% per month of the underpayment.

2. PAYMENT OF ESTIMATED TAX: The estimated tax may be paid in full with the declaration or in equal installments on or before April 15, July 31, October 31, and January 31. The quarterly installments will be billed. The estimate may be amended at any time.

DECLARATION OF ESTIMATED TAX FOR TAX YEAR 20 \_\_\_\_\_

- 1. TOTAL INCOME SUBJECT TO TAX \$ \_\_\_\_\_ MULTIPLY BY TAX RATE OF 1.85% FOR GROSS TAX OF ... \$ \_\_\_\_\_
2. LESS DELAWARE TAX TO BE WITHHELD AND/OR CREDITS FOR TAX PAID OTHER CITIES . . . . . \$ \_\_\_\_\_
3. DECLARATION OF ESTIMATED TAX DUE (LINE 1 LESS LINE 2) . . . . . \$ \_\_\_\_\_
4. LESS OVERPAYMENT FOR PRIOR YEAR(S) . . . . . \$ \_\_\_\_\_
5. NET TAX DUE (LINE 3 LESS LINE 4) . . . . . \$ \_\_\_\_\_

INSTRUCTIONS

- LINE 1 Enter the total taxable income you expect to earn this year multiplied by the Delaware tax rate of 1.85%.
LINE 2 Enter the tax to be withheld by your employer(s) for Delaware and the credit for taxes paid to other cities in which you work. The city of Delaware has a reduced credit for taxes paid to other cities.
LINE 3 Line 1 less Line 2. This is your estimated tax due for the year.
LINE 4 Enter the amount of overpayment to be carried forward from previous year(s).
LINE 5 Line 3 less Line 4. This is your net tax due for the year.

Signature of Taxpayer or Agent Date Daytime Phone Number

Print Name Email Address