



CITY OF DELAWARE 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 \$60.00 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

1 S SANDUSKY ST / P.O. BOX 496
DELAWARE, OH 43015
740-203-1225 / FAX: 740-203-1249

WWW.DELAWAREOHIO.NET / INCOMETAX@DELAWAREOHIO.NET