

BUSINESS - 20____
INCOME TAX RETURN
GREENWICH

**CALENDAR YEAR TAXPAYERS
FILE ON OR BEFORE FEDERAL DUE DATE
FISCAL YEAR TAXPAYERS FILE WITHIN
4 MONTHS OF END OF PERIOD**

Fiscal Period _____ to _____

Tax Office Use Only : Tax Office Use Only :

TOTAL TAX
LIABILITY _____

TOTAL TAX
PAID W/ RETURN _____

CHECK # _____

Name _____

And _____

Address _____

Federal ID # / Social Security # _____

Business Telephone No. _____

Principal
Business
Activity
NAICS Code _____

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

☐ CORPORATION

☐ ESTATE

☐ SOLE PROPRIETOR

☐ TRUST

☐ PARTNERSHIP

☐ FIDUCIARY

☐ S-CORPORATION

☐ OTHER _____

1 Total taxable income

1

2 Adjustments (See Schedule X)

2

3 Taxable income before allocation (Line 1 plus/minus line 2)

3

4 Percentage allocation to Greenwich (See Schedule Y)

4

%

5 Greenwich Taxable income (Multiple line 3 by line 4)

5

6 Greenwich income tax (Multiply line 5 by 1%)

6

7 Credits applied from previous year(s) to this year's liability

7

8 Estimates paid on this year's liability

8

9 Total credits (Total lines 7 and 8)

9

10 Tax due (If line 6 is greater than line 9, subtract line 9 from line 6)

10

11 Penalty \$25.00 per month, maximum \$150.00 and an additional 15% on any unpaid balance (If applicable)

11

12 Interest 5% per annum (If applicable)

12

13 Total due (Total lines 10, 11 and 12)

13

14 Overpayment (If line 9 is greater than line 6, subtract line 6 from line 9)

14

15 Amount to be refunded (\$10.00 or greater)

15

16 Amount to be credited to next year

16

Declaration of Estimate for 20____

17 Total estimated income subject to tax

17

18 Estimated tax due. (Multiply line 17 by 1%)

18

19 Tax due before credits (Multiply line 18 by .25)

19

20 Less credits (from 16 above)

20

21 Net estimated tax due (subtract line 19 from line 20)

21

Amount You Owe

22 Total amount due (add lines 13 and 21)

22

THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES) IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

Taxpayer's Signature _____

Date _____

Tax Preparer's Signature
(If other than taxpayer)

Date _____

Phone No. _____

**MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF GREENWICH TAX DEPT.**

**45 MAIN STREET
GREENWICH OH 44837**

Phone 419-752-2441 Fax 419-752-1903
Website www.villageofgreenwich.com

☐ We, the taxpayer, elect to authorize a return preparer to communicate with the tax administrator about matters pertaining to this return. By making this election, we, the taxpayer, authorizes the tax administrator to contact the return preparer concerning questions that arise during the processing of the return and authorizes the return preparer to provide the tax administrator with the return preparer's contact information.

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE

ADD

ITEMS NOT TAXABLE

DEDUCT

- A. Capital Losses (Excluding Ordinary Loss) ...\$ _____
- B. 5% of amount deducted as intangible income..... _____
- C. Taxes Based on Income..... _____
- D. Guaranteed Payments To Partners..... _____
- E. Sick Pay Exclusions, If Omitted in Line 1 on Front _____
- F. Previous Year Net Operating Loss Deduction _____
- G. Other (Explain) (Including all amounts allowed as a deduction in the computation of federal taxable income for real estate investment trusts and regulated investment companies) _____

- I. Capital Gains (Excluding Ordinary Gain).....\$ _____
- J. Interest Earned or Accrued _____
- K. Dividends _____
- L. Income From Royalties, Patents and Copyrights _____
- M. Other (Explain) (Including IRC section 179 expense & charitable contributions, if not included in federal taxable income calculations) _____

N. TOTAL DEDUCTIONS.....
\$ _____

H. TOTAL ADDITIONS\$ _____

O. Combine Lines H and N and enter net on line 2 on front _____

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	A. Located Everywhere	B. Located in Greenwich	C. Percentage (B ÷ A)
Step 1. Average original cost of real and tangible personal property . .	\$ _____	\$ _____	
Gross annual rentals paid multiplied by 8	\$ _____	\$ _____	
Total Step 1	\$ _____	\$ _____	_____ %
Step 2. Gross receipts from sales made and/or work or services performed	\$ _____	\$ _____	_____ %
Step 3. Qualifying Wages, Salaries, Etc. Paid	\$ _____	\$ _____	_____ %
Step 4. Total percentages			_____ %
Step 5. Average percentage (Divide total percentages by number of percentages used - carry to line 4 on front).			_____ %

SCHEDULE Z - PARTNER'S DISTRIBUTIVE SHARE OF NET INCOME

1. Name and address of each partner	2. Social Security Number	3. Amount	4. EIN of Payer
(a) _____	_____	_____	_____
(b) _____	_____	_____	_____
(c) _____	_____	_____	_____
(d) _____	_____	_____	_____
Carry forward to line 1 on front	TOTAL	_____	_____

ATTACH FEDERAL SCHEDULES

BUSINESS GENERAL INSTRUCTIONS

WHO MUST FILE

1. A non-resident having income in the Village of Greenwich and/or who is engaged in a business or profession in Greenwich or owns rental property located in Greenwich.
2. All companies located in or doing business in Greenwich.

WHEN AND WHERE TO FILE

1. Calendar year taxpayers by Federal Tax Day.
2. Fiscal year taxpayers – within 4 months of fiscal year end. Mail completed return with all attached forms and schedules applicable to:

VILLAGE OF GREENWICH INCOME TAX
45 MAIN STREET, GREENWICH, OHIO 44837
419-752-2441

FEDERAL TAXABLE INCOME (FTI)

Beginning with Tax Year 2004

FTI is a C Corporation's federal taxable income before net operating losses and special deductions (line 28 of Form 1120). Under Ohio Revised Code 718, if the taxpayer is not a C corporation and not an individual, **THE TAXPAYER SHALL COMPUTE ADJUSTED FEDERAL TAXABLE INCOME AS IF THE TAXPAYER WERE A C CORPORATION.** This means beginning with line 20 if filing a Form 1120S, line 21 if filing a Form 1065, or line 21 if filing a Form 1041; i.e., these should represent taxable income before net operating losses and special deductions.

When the figure is later adjusted by Schedule X, the resultant amount is "Adjusted Federal Taxable Income", or simply "net profits".)

FILING EXTENSIONS

Send a copy of your federal extension and we will grant an extension of time not to exceed 6 weeks beyond the time granted by the IRS. If we do not receive notification you will be considered delinquent and charged penalty and interest as shown on the return. Extensions will not be granted if this account is in any way delinquent.

NET LOSSES

If a net loss has been incurred for the tax year a return must still be filed. Loss carry forwards are not permitted.

REFUNDS

If any taxpayer has paid more tax than the Village is entitled to, a refund of the overpayment will be made, provided a proper claim for refund is filed. The net loss from an unincorporated business may not be used to offset salaries, wages, commissions and other compensation. Amount under \$10.00 will not be refunded.

CAFETERIA PLANS ARE NO LONGER CITY TAXABLE

Contributions to IRA or other deferred plans are not deductible.

MISCELLANEOUS

Double-check your credit on lines 7 & 8 of the return by calling 419-752-2441.

Payments to the Village of under \$10.00 do not have to be paid.

BUSINESS GENERAL INSTRUCTIONS FOR COMPLETION OF THE TAX RETURN

HEADING: If this return is made for a period other than the calendar year, insert the beginning and ending date of the period. Enter your name and account number, if it is not already preprinted on your return. Your account number is the same as your federal identification number. If you do not have an account number, one will be assigned upon receipt of your return.

- Line 1** Enter amount of taxable income from your federal return. **ATTACH COPY OF FEDERAL FORM & SCHEDULES.**
- Line 2** Adjustments: Combine the items "not deductible" and the items "not taxable" from schedule X. Items not taxable must be included in income to be deductible.
- Line 3** Taxable income to Greenwich before allocation. Subtract or add line 2, as applicable from line 1 to determine taxable income.
- Line 4** Allocation Percentage: From schedule Y. Used to determine the percentage of income conducted within and/or outside of Greenwich.
- Line 5** Greenwich Taxable Income: line 3 multiplied by line 4.
- Line 6** Greenwich Income Tax: Multiply line 5 by 1% (.01) to determine the amount of Greenwich Income Tax.
- Line 7** Enter amount of previous years credits, if any.
- Line 8** Total estimated payments made on current year.
- Line 9** Total of lines 7 and 8.
- Line 10** Total tax due after credits. Subtract line 9 from line 6.
- Line 11** **LATE FILE/PAY PENALTY** \$25.00 per month, maximum \$150.00 and an additional 15% on any unpaid balance.
- Line 12** **INTEREST** (up to 5% per annum)
- Line 13** Total Due (Total line 10, 11, and 12)
- Line 14** Indicate amount of overpayment, if line 9 is greater than line 6
- Line 15** Amount requested for refund. (\$10.00 or greater)
- Line 16** Amount to be credited to next year

DECLARATION OF ESTIMATE

(LINES 17 - 21) SELF-EXPLANATORY

Line 22 Total Amount due (add lines 13 and 21)

INSTRUCTIONS FOR SCHEDULE X

This schedule is used to adjust your federal net income to your Greenwich taxable income. The left hand column is for items deductible on the federal return but not deductible under the Greenwich ordinance. The right hand column is for items taxable on the federal return but not taxable by Greenwich.

INSTRUCTIONS FOR SCHEDULE Y

This form is used to determine the amount of income allocable to Greenwich taxation earned within and outside of Greenwich.

INSTRUCTIONS FOR SCHEDULE Z

DECLARATION OF ESTIMATED TAX FOR YEAR 20__

VOUCHER # 1 - DUE APRIL 15, 20__, OR FIFTEENTH DAY OF FOURTH FISCAL MONTH

NAME _____ **SOC. SEC. # or FED. ID. #** _____

ADDRESS _____

1) Total income subject to tax \$ _____ (Multiply by **.01**)\$ _____

2) Total declaration (line 1)\$ _____

3) Payment amounts (line 2 times 0.25)\$ _____

4) Overpayment from previous year (if not refunded)\$ _____

5) 1st payment amount (line 3 minus line 4)\$ _____

CUT LINE

VOUCHER # 2 - DUE JUNE 15, 20__, OR FIFTEENTH DAY OF SIXTH FISCAL MONTH

NAME _____ **SOC. SEC. # or FED. ID. #** _____

ADDRESS _____

1) Payment enclosed\$ _____ 2) Check # _____

3) Prior amount paid\$ _____ 4) Remaining Balance \$ _____

Contact person _____ Phone # _____

**SEND PAYMENT TO: VILLAGE OF GREENWICH, INCOME TAX DEPT., 45 MAIN STREET
GREENWICH, OHIO 44837 PHONE# (419) 752-2441**

CUT LINE

VOUCHER # 3 - DUE SEPTEMBER 15, 20__, OR FIFTEENTH DAY OF NINTH FISCAL MONTH

NAME _____ **SOC. SEC. # or FED. ID. #** _____

ADDRESS _____

1) Payment enclosed\$ _____ 2) Check # _____

3) Prior amount paid\$ _____ 4) Remaining Balance \$ _____

Contact person _____ Phone # _____

**SEND PAYMENT TO: VILLAGE OF GREENWICH, INCOME TAX DEPT., 45 MAIN STREET
GREENWICH, OHIO 44837 PHONE# (419) 752-2441**

CUT LINE

VOUCHER # 4 - DUE DECEMBER 15, 20__, OR FIFTEENTH DAY OF TWELTH FISCAL MONTH

NAME _____ **SOC. SEC. # or FED. ID. #** _____

ADDRESS _____

1) Payment enclosed\$ _____ 2) Check # _____

3) Prior amount paid\$ _____ 4) Remaining Balance \$ _____

Contact person _____ Phone # _____

INDIVIDUAL - 20
INCOME TAX RETURN
GREENWICH

Tax Office Use Only : Tax Office Use Only :

ATTACH ALL COPIES OF W-2'S, 1099'S,
FEDERAL SCHEDULES & FEDERAL TAX RETURNS

TOTAL TAX
LIABILITY _____

TOTAL TAX
PAID W/ RETURN _____

CHECK # _____

Name _____

And _____

Address _____

Taxpayer's Social Security No.	
Home Telephone No.	Business Telephone No.
Spouse's Social Security No.	
Spouse's Name	
Home Telephone No.	Business Telephone No.
<input type="checkbox"/> RESIDENT	
<input type="checkbox"/> NON-RESIDENT	
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES	
INTO / /	
OUT OF / /	
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION	
NAME _____	
ADDRESS _____	

Filing Status

- ☐ Single
☐ Married filing joint

Income

- 1 Wages, salaries, etc.
2 Other taxable income from Worksheet B
3 Total taxable income (add lines 1 and 2)

Use Box 5 or
Largest Wage
Amount on W2

1 _____
2 _____

3 _____

Tax and Credits

- 4 Greenwich tax due before credits (1% of line 3)
5 Estimated tax payments made to Greenwich
6 Taxes withheld and paid to Greenwich - (DO NOT INCLUDE SCHOOL TAX SD 3905)
7 Overpayment from prior year(s)

8 Total credits (add lines 5 through 7)

5 _____
6 _____
7 _____

4 _____

8 _____

Refund (Note: Refund or tax due of less than \$10.00 not payable)

- 9 If line 8 is greater than line 4, subtract line 4 from line 8. This is the amount you overpaid
10 Amount of line 9 to be credited to next years estimate
11 Amount of line 9 to be refunded (\$10.00 or greater)

10 _____
11 _____

9 _____

Tax Due (Issued if tax due is greater than)

- 12 If line 4 is more than line 8, subtract line 8 from 4, this is the tax amount you owe
13 Penalties and interest **Late File / Pay** _____ **Interest** _____

12 _____
13 _____

Declaration of Estimate for 20 _____

- 14 Estimated taxable income
15 Estimated tax due. (multiply line 14 by **1%**)
16 Taxes withheld and paid to Greenwich from other localities
17 Prior credit applied to estimated tax payments (From line 10)
18 Net estimated tax due (subtract line 16 & 17 from 15)
19 Minimum amount due for first quarter (multiply line 18 by .25)

14 _____
15 _____
16 _____
17 _____
18 _____
19 _____

15 _____

18 _____

Amount You Owe

- 20 Total amount due (add lines 12, 13 and 19)

20 _____

THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES) IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____

Tax Preparer's Signature _____ Date _____

(If other than taxpayer) Phone No. _____

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF GREENWICH TAX DEPT.

45 MAIN STREET
GREENWICH OH 44837

Phone 419-752-2441 Fax 419-752-1903
Website www.villageofgreenwich.com

☐ **We, the taxpayer, elect to authorize a return preparer to communicate with the tax administrator about matters pertaining to this return.**
By making this election, we, the taxpayer, authorizes the tax administrator to contact the return preparer concerning questions that arise during the processing of the return and authorizes the return preparer only to provide the administrator with information that is missing from the return, to contact the administrator for information about the processing of the return or the status of the taxpayer's refund or payments, and to respond to notices about mathematical errors, offsets, or return preparation that the taxpayer has received from the administrator and has shown to the return preparer.

WORKSHEET A - SALARIES AND WAGES (W-2 INCOME)

Column 1	Column 2	Column 3	Column 4
Employer, City, State	Income From Each W-2	2106 Expenses, If Any Attach Schedule A	Greenwich Tax Withheld
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
Totals			

ENTER ON:

Line 1

Line 2

Line 6

Income Reduced by 2106 and earned in another city must also reduce the tax withheld for that city by the same percentage.

If 2106 expenses, please include copy of federal forms 2106, 1040, and Schedule A

You must have filed the 2106 with the IRS

WORKSHEET B - BUSINESS INCOME OR LOSS**ATTACH COPIES OF FEDERAL FORMS AND SCHEDULES USED TO COMPUTE RETURN**

	Schedules	Column A Income/Loss from Federal Schedules	Column B Greenwich %	Greenwich Taxable Income Column A x Column B
1.	Schedule C - Business Income (Combine the net income or loss of all Schedules C's) (If taxes paid to other cities, attached other cities returns.)	\$	%	\$
2.	Schedule E - Rental Income (Residents enter profit/loss from ALL properties. Nonresidents enter only profit/loss from Greenwich properties.)	\$	100%	\$
3.	Schedule K-1 - Partnership Income (Residents enter profit/loss from entities that do not withhold Greenwich tax on entire distributive share)	\$	100%	\$
4.	Miscellaneous Income Gambling Income, 1099-MISC, W-2G, Schedules F, H and K, etc.	\$	%	\$
5.	NOL Carry Forward (Attach worksheet and enter as a loss)			\$
6.	Total Income/Loss (Combine Lines 1 through 5 and enter this amount on Pg. 1 Line 2)			\$

NOTE: The net loss from an unincorporated business activity may not be used to offset salaries, wages, commissions or other compensation. However, if a taxpayer is engaged in two or more taxable business activities to be included on the same return, the net loss of one unincorporated business activity may be used to offset the profits of another for purposes of arriving at overall net profits. **[Final Return Line 4 Cannot Be Less Than Zero, If You Have W-2 Income]**

***Losses resulting from business, rentals, and farming cannot be used to offset W2 Income**

WORKSHEET C

I AM EXEMPT BECAUSE:

TAXPAYER _____ SPOUSE _____

☐ I AM UNDER 18 YEARS OF AGE - BIRTH DATE _____ VERIFICATION IS NEEDED.

If Applicable

☐ I HAD NO TAXABLE INCOME IN 20____☐ ACTIVE MILITARY* ☐ UNEMPLOYED ☐ DISABLED☐ SOCIAL SECURITY ☐ PENSION* *VERIFICATION REQUIRED**NOTE: IF YOU ARE EXEMPT- STOP HERE, SIGN, DATE AND MAIL YOUR RETURN.**

DECLARATION OF INDIVIDUAL ESTIMATED TAX FOR YEAR 20__

VOUCHER # 1 - DUE APRIL 15, 20__

NAME _____ SOC. SEC. # _____

ADDRESS _____

1) Total income subject to tax \$ _____ (Multiply by **.01**)\$ _____

2) Total declaration (line 1)\$ _____

3) Payment amounts (line 2 times 0.25)\$ _____

4) Overpayment from previous year (if not refunded)\$ _____

5) 1st payment amount (line 3 minus line 4)\$ _____

CUT LINE

VOUCHER # 2 - DUE JUNE 15, 20__ - INDIVIDUAL ESTIMATED TAX

NAME _____ SOC. SEC. # _____

ADDRESS _____

1) Payment enclosed\$ _____ 2) Check # _____

3) Prior amount paid\$ _____ 4) Remaining Balance \$ _____

Contact person _____ Phone # _____

**SEND PAYMENT TO: VILLAGE OF GREENWICH, INCOME TAX DEPT., 45 MAIN STREET
GREENWICH, OHIO 44837 PHONE# (419) 752-2441**

CUT LINE

VOUCHER # 3 - DUE SEPTEMBER 15, 20__ - INDIVIDUAL ESTIMATED TAX

NAME _____ SOC. SEC. # _____

ADDRESS _____

1) Payment enclosed\$ _____ 2) Check # _____

3) Prior amount paid\$ _____ 4) Remaining Balance \$ _____

Contact person _____ Phone # _____

**SEND PAYMENT TO: VILLAGE OF GREENWICH, INCOME TAX DEPT., 45 MAIN STREET
GREENWICH, OHIO 44837 PHONE# (419) 752-2441**

CUT LINE

VOUCHER # 4 - DUE DECEMBER 15, 20__ - INDIVIDUAL ESTIMATED TAX

NAME _____ SOC. SEC. # _____

ADDRESS _____

1) Payment enclosed\$ _____ 2) Check # _____

3) Prior amount paid\$ _____ 4) Remaining Balance \$ _____

Contact person _____ Phone # _____

**SEND PAYMENT TO: VILLAGE OF GREENWICH, INCOME TAX DEPT., 45 MAIN STREET
GREENWICH, OHIO 44837 PHONE# (419) 752-2441**

INDIVIDUAL GENERAL INSTRUCTIONS

WHO MUST FILE

- All residents of the Village of Greenwich, 18 years of age or older, are required to file.
- A non-resident having income in the Village of Greenwich from which city income tax has not been withheld and/or who is engaged in a business or profession in Greenwich or owns rental property located in Greenwich.
- All companies located in or doing business in Greenwich.

WHEN AND WHERE TO FILE

By Federal Tax Day.

Mail completed return with all W-2s, 1099 misc. forms, and federal schedules applicable to:

GREENWICH VILLAGE INCOME TAX

45 MAIN STREET, GREENWICH, OHIO 44837

419-752-2441

FILING EXTENSIONS

Send a copy of your federal extension by April 18, and we will grant an extension of time not to exceed 6 weeks beyond the time granted by the IRS. If we do not receive a copy of the extension you will be considered delinquent and charged penalty and interest as shown on the return. Extensions will not be granted, if your account is in any way delinquent.

NET LOSSES

If a net loss has been incurred for the tax year a return must still be filed. Loss carry forwards are permitted.

REFUNDS

If any taxpayer has paid more tax than the Village is entitled to, a refund of the overpayment will be made, provided a proper claim for refund is filed. The net loss from an unincorporated business may not be used to offset salaries, wages, commissions and other compensation. Amount under \$10.00 will not be refunded within 3 years after the tax was paid or due.

MISCELLANEOUS

1. Payments to the Village of under \$10.00 do not have to be paid.
2. Double check your credit on line 5 of the return by calling 419-752-2441.
3. Contributions to 401Ks, IRAs or other deferred plans are not deductible.
4. SUB pay is village taxable.

EXEMPT INCOME (non inclusive)

Unemployment Compensation (not including SUB pay).

Social Security

Payouts from pensions

Military Pay (proof of military is required)

Alimony & Child Support

Interest

Dividends

Railroad Retirement

Disability

Sick Pay

EXEMPTION FOR TAXPAYERS

If your income is solely from a non-taxable source, please fill out worksheet C, sign, date, and mail the return.

INSTRUCTIONS FOR INCOME TAX RETURN

Married couples should file jointly. (Whether or not you do so for your Federal or State Returns)

Enter name and address and social security number(s) or Federal ID No.

Taxpayer status - indicate how you are filing by marking one of the boxes.

Residency - indicate if you live in the Village of Greenwich; also if you moved into or out of the village during the year.

- | | |
|----------------|---------------------------------------------------------------------------------------------------------------------|
| Line 1 | Total wages (include sub pay, sick pay & deferred income) (From Worksheet A) |
| Line 2 | Other taxable income (From Worksheet B) |
| Line 3 | Total Lines 1 & 2 - Losses on Line 2 - cannot offset losses on Line 1 |
| Line 4 | Greenwich Income Tax 1% |
| Line 5 | Estimated tax payments made to Greenwich |
| Line 6 | Taxes withheld and paid to Greenwich (DO NOT INCLUDE SCHOOL TAX SD 3905) |
| Line 7 | Overpayment from prior years |
| Line 8 | Total credits add lines 5 through 7 |
| Line 9 | Amount overpaid |
| Line 10 | Amount of Line 9 credited to next year estimate |
| Line 11 | Amount to be refunded (\$10.00 or greater) |
| Line 12 | Amount of tax owed |
| Line 13 | Late File/Pay Penalties \$25.00 per month, maximum \$150.00, 5% per annum and additional 15% on any unpaid balance. |

DECLARATION OF ESTIMATE

(Line 15 - 19) self-explanatory

Line 20 Total amount due (add lines 12 and 13)

NOTICE
TAX CREDIT
CHANGE

Use Box 5 or
Largest Wage
Amount on W2

WORKSHEET C - EXEMPTION (Check correct boxes and return signed form)

SIGN FORM AND ATTACH ALL W2S, 1099 MISC AND FEDERAL SCHEDULES