

TO BE FILED WITH: READING TAX OFFICE 1000 MARKET STREET READING, OH 45215 Phone # (513) 733-0300 Fax # (513) 842-1016	20__ INDIVIDUAL DECLARATION OF ESTIMATED TAX 1 ST (APRIL 15) 2 ND (JULY 31) 3 RD (OCTOBER 31) 4 TH (JANUARY 31)	OFFICE HOURS: 7:00 AM TO 5:00 PM MONDAY - FRIDAY
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TAXPAYER NAME AND ADDRESS _____

ACCOUNT # _____
 (SSN / FEDERAL ID #)

DATE MOVED INTO READING ___/___/___

ESTIMATE SHOULD BE BASED ON NUMBER OF MONTHS LIVED IN READING

- | | | |
|---|--------------------------------|----------|
| 1. TOTAL INCOME SUBJECT TO TAX \$ _____ | MULTIPLY BY 2.0% FOR GROSS TAX | \$ _____ |
| 2. LESS EXPECTED TAX CREDITS NOT TO EXCEED 2.0% OF THAT PORTION TAXED | | |
| a. WITHHELD BY EMPLOYER FOR READING | | \$ _____ |
| b. PAYMENTS TO ANOTHER MUNICIPALITY | | \$ _____ |
| c. TOTAL CREDITS | | \$ _____ |
| 3. NET ESTIMATED TAX DUE FOR 20__ (LINE 1 MINUS 2C) | | \$ _____ |
| 4. AMOUNT DUE WITH THIS DECLARATION (NOT LESS THAN ___ OF LINE 3) | | \$ _____ |
| a. LESS OVERPAYMENT FROM PRIOR YEAR | | \$ _____ |
| 5. TOTAL OF ___ QUARTER 20__ DUE | | \$ _____ |

I CERTIFY THAT I HAVE EXAMINED THIS DECLARATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEVE IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

 SIGNATURE OF PREPARER (OTHER THAN TAXPAYER)

 SIGNATURE OF TAXPAYER

 DATE

 ADDRESS

 TELEPHONE #

CREDIT CARD AUTHORIZATION:

VISA MASTERCARD

Print Name: _____

Signature: _____

Account Number

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Expiration Date: ___/___/___

CVC _____ 3 digit security code on back of card