

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

ACCOUNT # _____
 (SSN / FEDERAL ID #)

DATE MOVED INTO READING ___/___/___

ESTIMATE SHOULD BE BASED ON NUMBER OF MONTHS BUSINESS IS ACTIVE IN READING

- 1. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY 2.0% FOR GROSS TAX \$ _____
- 2. LESS EXPECTED TAX CREDITS
 - a. OVERPAYMENT FROM PRIOR YEAR \$ _____
 - b. TOTAL CREDITS \$ _____
- 3. NET ESTIMATED TAX DUE FOR 20__ (LINE 1 MINUS 2b) \$ _____
- 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