Tipp City Tax Department
260 S. Garber Dr. Tipp City OH 45371
Phone: (937) 667-8426 Fax: (937) 667-6734

2017

Name and address:

_____

_____

_____

_____

Federal ID number _____ - _____
(business filers only)

Social security number _____ / _____ / _____

Social security number _____ / _____ / _____
(if joint account)

Declaration of estimated tax for the calendar year 2017

or

Fiscal period _____ to _____ .

1. Income subject to tax $ _____ multiplied by tax rate of 1.5% for gross tax of $ _____
2. Tipp City tax withheld by employer $ _____
3. Other city tax credit (not to exceed 1.5% of that portion taxed) $ _____
4. Net tax due (line 1, less line 2, less line 3) **(not required if less than $200)** $ _____
5. Line 4 multiplied by 22.5% $ _____
6. Less overpayment credit from 2016 return $ _____
7. Amount paid with this form (line 5 less line 6) $ _____
8. Balance of estimated tax $ _____

The undersigned declares that this declaration is a true, correct declaration for the taxable period stated.

Signature of tax preparer Date

Signature Date

Address of preparer Date

Signature (if joint account) Date