

DECLARATION OF ESTIMATED TAX FOR YEAR _____

REQUIRED BY LAW ACCORDING TO CODIFIED ORDINANCES 171.11 & 181.07(b)

ON ALL INCOME FROM WHICH THE VILLAGE OF GRANVILLE TAX IS NOT WITHHELD.



VILLAGE OF GRANVILLE
141 E. BROADWAY
P.O. BOX 514
GRANVILLE, OH 43023
PHONE (740) 587-2764
Fax (740) 587-0128

Make check or money
order payable to:

Village of Granville

NAME: _____

(PRINT TAXPAYER & SPOUSE)

STREET ADDRESS: _____

TELEPHONE Home _____ Business _____ Cell _____

Date Moved Into Village of Granville _____

TAXPAYER SS # _____ EMPLOYER NAME _____

SPOUSE SS # _____ EMPLOYER NAME _____

1. TOTAL GROSS INCOME SUBJECT TO TAX: \$ _____

PART YEAR RESIDENTS: PRORATE INCOME TO INCLUDE ONLY INCOME EARNED WHILE A GRANVILLE RESIDENT

2. MULTIPLY LINE 1 BY 1.5%..... \$ _____

3. LESS:

A. GRANVILLE INCOME TAX WITHHELD..... \$ _____

B. RESIDENT CREDIT OF 3/4% (.0075)..... \$ _____

(MULTIPLY .0075 X ALL INCOME FROM LINE 1 THAT WAS TAXED BY ANOTHER CITY)

C. TOTAL CREDITS (SUM LINES 3A & 3B)..... \$ _____

4. NET TAX DUE LINE (2 LESS LINE 3C) \$. _____

5. FIRST QUARTER ESTIMATE PAYMENT (1/4 OF LINE 4) \$ _____

DUE APRIL 15th

6. SECOND QUARTER ESTIMATE (SUM OF LINES 5&6 SHOULD EQUAL 1/2 LINE 4 IF FULL YEAR).... \$ _____

DUE JUNE 15th

7. THIRD QUARTER ESTIMATE (SUM OF LINES 5, 6&7 SHOULD EQUAL 3/4 LINE 4 IF FULL YEAR)..... \$ _____

DUE SEPT 15th

8. FOURTH QUARTER ESTIMATE (TOTAL PAYMENTS SHOULD EQUAL LINE 4)..... \$ _____

DUE DEC 15th

TOTAL PAID WITH DECLARATION \$ _____

REMIT ALL PAYMENTS THROUGH THE CURRENT QUARTER WITH THIS DECLARATION.

PAYMENT VOUCHERS WILL BE MAILED TO ALL TAXPAYERS WITH A DECLARATION OF ESTIMATED TAX ON FILE WITH THE VILLAGE APPROXIMATELY 21 DAYS PRIOR TO THE DUE DATE.

I CERTIFY THAT I HAVE EXAMINED THIS DECLARATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF 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 Taxpayer Date

Spouse Signature Date