



**BUSINESS DECLARATION OF ESTIMATED TAX**  
(ALSO SERVES AS VOUCHER 1)

CHECK THIS BOX IF: ☐ **AMENDED**  
TAX YEAR \_\_\_\_\_

TAX YEAR \_\_\_\_\_

OR

FISCAL PERIOD BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

NAME \_\_\_\_\_ FEDERAL I.D. NUMBER \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

1. TOTAL NET ESTIMATED TAX DUE.....1 \$ \_\_\_\_\_
2. LESS: OVERPAYMENT CREDITS FROM PREVIOUS YEAR RETURN.....2 \$ \_\_\_\_\_
3. CREDIT PREVIOUS DECLARATION PAYMENTS (IF AN AMENDED DECLARATION).....3 \$ \_\_\_\_\_
- 3A. TOTAL CREDITS (ADD LINES 2 AND 3).....3A \$ \_\_\_\_\_
4. UNPAID BALANCE DUE (SUBTRACT LINE 3A FROM LINE 1)  
DUE ON OR BEFORE APRIL 15TH - (A MINIMUM 25% OF LINE 1 DUE).....4 \$ \_\_\_\_\_
5. LESS: AMOUNT PAID WITH THIS DECLARATION (ATTACH CHECK OR MONEY ORDER) .....5 \$ \_\_\_\_\_
6. ESTIMATED TAX BALANCE PAYABLE (PAYABLE IN EQUAL  
INSTALLMENTS FOR EACH QUARTER).....6 \$ \_\_\_\_\_ JUNE, SEPTEMBER, DECEMBER

**SIGNATURE**

I declare that this declaration has been examined by me and to the best of my knowledge and belief is a true, correct and complete declaration of estimated income subject to city income tax for the period stated above

SIGNATURE OF OFFICER: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE \_\_\_\_\_

**THIS FORM IS VOUCHER 1**

**MAILING INFORMATION**

**PAYMENT ENCLOSED:**

**MAKE PAYABLE TO:** CITY OF DUBLIN

**MAIL TO:** CITY OF DUBLIN  
DIVISION OF TAXATION  
P.O. BOX 9062  
DUBLIN, OHIO 43017-0962