

**Village of Carrollton
Estimated Declaration Vouchers
2018**

Dear Taxpayer,

This is your Estimated Declaration package. Included are four installment forms to be filed on April 17, 2018, June 15, 2018, September 15, 2018 and January 15, 2019.

Estimated tax must be paid in quarterly installments on all earned income without local payroll withholding or when withholding is at a rate of less than 1%. Estimated taxes are NOT due if the amount payable as estimates is less than \$200.00. A worksheet is provided below for your convenience in determining if you are required to file.

If you need assistance, visit our office at 80 Second Street SW, Carrollton, OH 44615, or call (330) 627-7529 ext 122.

Sincerely,
Tax Administrator

WORKSHEET FOR DECLARATION OF ESTIMATED INCOME TAX 2018

1. Total income subject to Carrollton Tax \$ _____	2. Carrollton Tax at 1% _____
3. Less Tax Withheld	
a. By Carrollton Employer	\$ _____
b. Income Tax paid to other cities (not to exceed .50%)	\$ _____
c. Total Tax Withheld (Total line 3a plus line 3b)	\$ _____
4. Balance estimated Carrollton Tax (line 2-3c)	\$ _____
5. Less Credits: Overpayment on previous year's return	\$ _____
6. Net Estimated Tax due (line 4 less line 5)	\$ _____

MAKE SURE YOUR REMITTANCE FOR EACH QUARTER IS INCLUDED WITH YOUR ESTIMATE VOUCHER.

Make checks payable to Carrollton Income Tax Department. Taxpayers (businesses) filing on a fiscal year basis should substitute appropriate dates.

Income Tax Department
Village of Carrollton
80 Second Street SW
Carrollton, OH 44615

Declaration of Estimated Carrollton Income Tax Voucher
Check if this is an amended declaration

2018

Check
MO
Cash

Your Social Security Number	Spouses SS# if joint payment

VOUCHER 1

(CALENDAR YEAR-DUE APRIL 17, 2018)
If fiscal year taxpayer, substitute date.

Name _____ A. Estimated tax (or amended estimated tax) \$ _____
for the year 2018
or fiscal year ending _____
Address _____
City _____ State _____ Zip _____ B. Amount of this installment
No less than 22.5% of line A\$ _____

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VOUCHER 2

(CALENDAR YEAR-DUE JUNE 15, 2018)
If fiscal year taxpayer, substitute date.

Name _____ A. Estimated tax (or amended estimated tax) \$ _____
for the year 2018
or fiscal year ending _____
Address _____
City _____ State _____ Zip _____ B. Amount of this installment
No less than 22.5% of line A\$ _____

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VOUCHER 3

(CALENDAR YEAR-DUE SEPTEMBER 15, 2018)
If fiscal year taxpayer, substitute date.

Name _____ A. Estimated tax (or amended estimated tax) \$ _____
for the year 2018
or fiscal year ending _____
Address _____
City _____ State _____ Zip _____ B. Amount of this installment
No less than 22.5% of line A\$ _____

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2018

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VOUCHER 4

(CALENDAR YEAR-DUE JANUARY 15, 2019)
If fiscal year taxpayer, substitute date.

Name _____ A. Estimated tax (or amended estimated tax) \$ _____
for the year 2018
or fiscal year ending _____
Address _____
City _____ State _____ Zip _____ B. Amount of this installment
No less than 22.5% of line A\$ _____