

20_____ QUARTERLY PAYMENT OF DECLARATION OF ESTIMATED INCOME TAX

CITY OF SPRINGDALE

11700 SPRINGFIELD PIKE
SPRINGDALE, OH 45246

Phone: (513) 346-5715 www.springdale.org Fax: (513) 346-5756

TAXPAYER'S SPRINGDALE ACCOUNT NUMBER:

TAXPAYER'S FEDERAL ID NUMBER:

TAXPAYER'S PHONE NUMBER:

TAXPAYER'S NAME AND ADDRESS:

If your tax status has changed during the past year, please offer an appropriate explanation on the back of this filing. An estimate based on an amount equal to or greater than last years' full 12 month period of taxable income is insurance against any penalty on under estimation for Springdale purposes.

The original estimate can and should be amended if subsequent events indicate it to be grossly in error.

City of Springdale Ordinance Ch. 94.12 requires that 70% of your tax liability be paid on or before January 31 or within 30 days after your fiscal year end to avoid imposition of penalty & interest.

DECLARATION OF ESTIMATED INCOME TAX

(This form may be used to make an initial Declaration or to amend a Declaration)

Amended estimated taxable income for this year \$

Taxable income x 1.5% = Springdale Tax Due \$

Less total estimated credit for taxes withheld by Employer(s) or paid directly to another municipality.
(Credit is limited to Springdale's tax rate. Credit may not exceed the actual amount paid.) \$ ()

Amended balance of tax due for this tax year \$

Amount paid with this filing \$