

**INCOME TAX DEPARTMENT  
230 CLINTON STREET, WAUSEON, OHIO 43567  
PHONE (419) 335-1171 • FAX (419) 335-0063**

**DECLARATION OF ESTIMATED WAUSEON INCOME TAX VOUCHER  
FOR CALENDAR YEAR OR FISCAL PERIOD**

NAME OF EMPLOYER \_\_\_\_\_  
 NATURE OF BUSINESS \_\_\_\_\_  
 YOUR ▼ FED. I.D. OR S.S. NO. ▼ SPOUSE  
 A/C NO. \_\_\_\_\_

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 CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION  
  
**Voucher 1  
(CALENDAR YEAR - DUE APRIL 15)**  
 If fiscal year taxpayer, see instruction

A. Estimated tax (or amended estimated tax) for the year ending \_\_\_\_\_ (month and year)  
 \$ \_\_\_\_\_

B. Overpayment for last year credited to estimated tax for this year.  
 \$ \_\_\_\_\_

1. Amount of this installment..... ▶ \$ \_\_\_\_\_  
 2. Amount of unused overpayment credit if any applied to this installment..... ▶ \$ \_\_\_\_\_  
 3. Amount of this installment payment (line 1 less line 2) ..... ▶ \$ \_\_\_\_\_

If this is an original declaration-voucher file even though line 3 is zero.

\*Sign ▶ \_\_\_\_\_  
 Your Signature

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**Voucher 2  
(CALENDAR YEAR - DUE JUNE 15)**  
 If fiscal year taxpayer, see instruction

A. Estimated tax (or amended estimated tax) for the year ending \_\_\_\_\_ (month and year)  
 \$ \_\_\_\_\_

B. Overpayment for last year credited to estimated tax for this year.  
 \$ \_\_\_\_\_

1. Amount of this installment..... ▶ \$ \_\_\_\_\_  
 2. Amount of unused overpayment credit if any applied to this installment..... ▶ \$ \_\_\_\_\_  
 3. Amount of this installment payment (line 1 less line 2) ..... ▶ \$ \_\_\_\_\_

If this is an original declaration-voucher file even though line 3 is zero.

\*Sign ▶ \_\_\_\_\_  
 Your Signature

**QUARTERLY ESTIMATED TAX PAYMENTS ARE REQUIRED**

(ESTIMATES MUST BE BASED ON 90% OF ACTUAL INCOME OR 100% OF PRIOR YEAR'S INCOME)

Every taxpayer having or anticipating any income not subject to Wauseon withholding by employer, shall file a declaration setting forth the estimated annual income, together with an estimate of the amount of tax due. The annual estimated tax liability shall be divided by four (4) to determine the estimated quarterly tax to be paid. For example, if taxpayer's annual income is \$9,000 and no tax has been withheld, the tax liability would be \$135.00 with quarterly payments of \$33.75. Payment due dates are April 15, June 15, September 15, and December 15 (Business) or January 15 (Individual).

Complete Voucher #1, Item A with the applicable tax year (calendar or fiscal) and the estimated tax liability for the year shown. One-fourth (1/4) of the tax liability is shown on Line 1. Show amount of unused overpayment credit from prior year on Line 2. Show balance of estimated tax payment for the quarter on Line 3 and remit this amount by check or money order payable to Tax Commissioner.

Sign the Voucher where indicated and return the complete form with the payment due. Should you have any questions concerning completing the estimated tax vouchers, please contact the Tax Office at (419) 335-1171.

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**FOR CALENDAR YEAR OR FISCAL PERIOD**

NAME OF EMPLOYER \_\_\_\_\_  
 NATURE OF BUSINESS \_\_\_\_\_

YOUR ▼	FED. I.D. OR S.S. NO. _____	▼ SPOUSE
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A/C NO. \_\_\_\_\_

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION <input type="checkbox"/>	<b>Voucher 3</b> <b>(CALENDAR YEAR - DUE SEPTEMBER 15)</b> If fiscal year taxpayer, see instruction
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A. Estimated tax (or amended estimated tax) for the year ending _____ (month and year) \$ _____	B. Overpayment for last year credited to estimated tax for this year. \$ _____
1. Amount of this installment..... ▶ \$ _____	
2. Amount of unused overpayment credit if any applied to this installment..... ▶ \$ _____	
3. Amount of this installment payment (line 1 less line 2) ..... ▶ \$ _____	

If this is an original declaration-voucher file even though line 3 is zero.

\*Sign ▶ \_\_\_\_\_  
 Your Signature

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NAME OF EMPLOYER \_\_\_\_\_  
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A/C NO. \_\_\_\_\_

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION <input type="checkbox"/>	<b>Voucher 4</b> <b>CALENDAR YEAR - DUE</b> <b>DECEMBER 15 (BUSINESS) or JANUARY 15 (INDIVIDUAL)</b> If fiscal year taxpayer, see instruction
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A. Estimated tax (or amended estimated tax) for the year ending _____ (month and year) \$ _____	B. Overpayment for last year credited to estimated tax for this year. \$ _____
1. Amount of this installment..... ▶ \$ _____	
2. Amount of unused overpayment credit if any applied to this installment..... ▶ \$ _____	
3. Amount of this installment payment (line 1 less line 2) ..... ▶ \$ _____	

If this is an original declaration-voucher file even though line 3 is zero.

\*Sign ▶ \_\_\_\_\_  
 Your Signature

Voucher Number	Date (a)	Amount (b)	Prior Year Overpayment Credit applied to installment (c)	Total amount paid and credited from Jan. 1, through the installment date shown. Add (b) and (c) (d)
1				
2				
3				
4				
<b>TOTAL ▶</b>				