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DECLARATION OF ESTIMATED INCOME TAX. GIBSONBURG, OHIO

DUE APRIL 30

For the calendar year indicated or fiscal period beginning \_\_\_\_\_ 20\_\_\_\_ and ending \_\_\_\_\_ 20\_\_\_\_

TAX RATE 1%

PLEASE INSERT NAME & ADDRESS

NAME: \_\_\_\_\_

C/O: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

- 1. Total income subject to Gibsonburg Tax ..... \$ \_\_\_\_\_
- 2. Estimated Tax (1% of amount on line 1)..... \$ \_\_\_\_\_
- 3. Less Gibsonburg Tax to be withheld ..... \$ \_\_\_\_\_
- 4. Previous payments if this is an amended Dec. .... \$ \_\_\_\_\_
- 5. Less other Credits (specify)..... \$ \_\_\_\_\_
- 6. Total credits (total of lines 3, 4, 5, and 6)..... \$ \_\_\_\_\_
- 7. Net unpaid estimated Gibsonburg Tax ..... \$ \_\_\_\_\_
- 8. Amount Paid with this declaration (1/4 of line 7)  
Due April 30..... \$ \_\_\_\_\_

PAY TAX WHEN IT IS DUE. NO REMINDER WILL BE SENT.

ADDRESS ALL CORRESPONDENCE CONCERNING THIS FORM TO:

INCOME TAX DEPARTMENT  
120 N. MAIN ST.  
GIBSONBURG, OHIO 43431

MAKE CHECK OF MONEY ORDER PAYABLE TO:

VILLAGE OF GIBSONBURG, INCOME TAX

X

TAXPAYER OR REPRESENTATIVE

DATE

2

DECLARATION OF ESTIMATED INCOME TAX. GIBSONBURG, OHIO

DUE JUNE 30

For the calendar year indicated or fiscal period beginning \_\_\_\_\_ 20\_\_\_\_ and ending \_\_\_\_\_ 20\_\_\_\_

TAX RATE 1%

PLEASE INSERT NAME & ADDRESS

NAME: \_\_\_\_\_

C/O: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

- 1. Total income subject to Gibsonburg Tax ..... \$ \_\_\_\_\_
- 2. Estimated Tax (1% of amount on line 1)..... \$ \_\_\_\_\_
- 3. Less Gibsonburg Tax to be withheld ..... \$ \_\_\_\_\_
- 4. Previous payments if this is an amended Dec. .... \$ \_\_\_\_\_
- 5. Less other Credits (specify)..... \$ \_\_\_\_\_
- 6. Total credits (total of lines 3, 4, 5, and 6)..... \$ \_\_\_\_\_
- 7. Net unpaid estimated Gibsonburg Tax ..... \$ \_\_\_\_\_
- 8. Amount Paid with this declaration (1/4 of line 7)  
Due June 30 ..... \$ \_\_\_\_\_

PAY TAX WHEN IT IS DUE. NO REMINDER WILL BE SENT.

ADDRESS ALL CORRESPONDENCE CONCERNING THIS FORM TO:

INCOME TAX DEPARTMENT  
120 N. MAIN ST.  
GIBSONBURG, OHIO 43431

MAKE CHECK OF MONEY ORDER PAYABLE TO:

VILLAGE OF GIBSONBURG, INCOME TAX

X

TAXPAYER OR REPRESENTATIVE

DATE

3

DECLARATION OF ESTIMATED INCOME TAX. GIBSONBURG, OHIO

DUE SEPTEMBER 30

For the calendar year indicated or fiscal period beginning \_\_\_\_\_ 20\_\_\_\_ and ending \_\_\_\_\_ 20\_\_\_\_

TAX RATE 1%

PLEASE INSERT NAME & ADDRESS

NAME: \_\_\_\_\_

C/O: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

- 1. Total income subject to Gibsonburg Tax ..... \$ \_\_\_\_\_
- 2. Estimated Tax (1% of amount on line 1)..... \$ \_\_\_\_\_
- 3. Less Gibsonburg Tax to be withheld ..... \$ \_\_\_\_\_
- 4. Previous payments if this is an amended Dec. .... \$ \_\_\_\_\_
- 5. Less other Credits (specify)..... \$ \_\_\_\_\_
- 6. Total credits (total of lines 3, 4, 5, and 6)..... \$ \_\_\_\_\_
- 7. Net unpaid estimated Gibsonburg Tax ..... \$ \_\_\_\_\_
- 8. Amount Paid with this declaration (1/4 of line 7)  
Due September 30 ..... \$ \_\_\_\_\_

PAY TAX WHEN IT IS DUE. NO REMINDER WILL BE SENT.

ADDRESS ALL CORRESPONDENCE CONCERNING THIS FORM TO:

INCOME TAX DEPARTMENT  
120 N. MAIN ST.  
GIBSONBURG, OHIO 43431

MAKE CHECK OF MONEY ORDER PAYABLE TO:

VILLAGE OF GIBSONBURG, INCOME TAX

X

TAXPAYER OR REPRESENTATIVE

DATE

4

DECLARATION OF ESTIMATED INCOME TAX. GIBSONBURG, OHIO

DUE DECEMBER 31

For the calendar year indicated or fiscal period beginning \_\_\_\_\_ 200\_\_\_\_ and ending \_\_\_\_\_ 200\_\_\_\_

TAX RATE 1%

PLEASE INSERT NAME & ADDRESS

NAME: \_\_\_\_\_

C/O: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

- 1. Total income subject to Gibsonburg Tax ..... \$ \_\_\_\_\_
- 2. Estimated Tax (1% of amount on line 1)..... \$ \_\_\_\_\_
- 3. Less Gibsonburg Tax to be withheld ..... \$ \_\_\_\_\_
- 4. Previous payments if this is an amended Dec. .... \$ \_\_\_\_\_
- 5. Less other Credits (specify)..... \$ \_\_\_\_\_
- 6. Total credits (total of lines 3, 4, 5, and 6)..... \$ \_\_\_\_\_
- 7. Net unpaid estimated Gibsonburg Tax ..... \$ \_\_\_\_\_
- 8. Amount Paid with this declaration (1/4 of line 7)  
Due December 31 ..... \$ \_\_\_\_\_

PAY TAX WHEN IT IS DUE. NO REMINDER WILL BE SENT.

ADDRESS ALL CORRESPONDENCE CONCERNING THIS FORM TO:

INCOME TAX DEPARTMENT  
120 N. MAIN ST.  
GIBSONBURG, OHIO 43431

MAKE CHECK OF MONEY ORDER PAYABLE TO:

VILLAGE OF GIBSONBURG, INCOME TAX

X

TAXPAYER OR REPRESENTATIVE

DATE