**VILLAGE OF OCTA Income Tax Dept.** • P.O. Box 63 • Milledgeville, Ohio 43142
TAX OFFICE PHONE (740) 948-2444

| Form WD-1<br>File with<br>Income Tax Dept.<br>Village of Octa | **DECLARATION OF ESTIMATED OCTA INCOME TAX**<br>FOR CALENDAR YEAR _____<br>or<br>Fiscal Period _____ 20 _____ to _____ 20 _____ | FILE WITHIN 4 MONTHS AFTER BEGINNING OF TAX YEAR |
|---|---|---|

(A) Federal Identification Number, Name and Address

(B) The undersigned declares this to be a true, correct and complete Declaration of Estimated Village of Octa Income Tax for the period stated.

_____
(SIGNATURE AND TITLE)

_____
(PRINT NAME AND TITLE)

_____ _____ _____
(DATE) (PHONE) (EXT.)

(C) 1. Social Security No. or Federal I.D. No. _____
Spouse's Social Security No. If Joint Declaration _____
2. Nature of Business
3. Will you have employees this year? Yes ☐ No ☐

(D) Computation of Estimated Tax:
1. Estimated income subject to Octa Tax ..... $ _____
2. Estimated Tax due: 1.00% of Line 1 ..... $ _____
3. Credits
a. Less: Octa Tax to be withheld by employer $_____
b. Other credits (specify) ..... $ _____
c. Total credits ..... $ _____
4. Net Tax due (Line 2 less Line 3c) ..... $ _____
a. Over payment from previous year ..... $ _____
5. Amount paid with this Declaration ..... $ _____
(Not less than 1/4 of Line 4 less lline 4a)
6. Balance of Tax payable ..... $ _____
(Payable in equal installments before the last day of seventh, tenth and thirteenth months after the beginning of tax year.)

MAKE REMITTANCE TO: THE "VILLAGE OF OCTA"