

# DECLARATION OF ESTIMATED SUGAR GROVE INCOME TAX FOR THE CALENDAR YEAR 20\_\_\_\_\_

VILLAGE OF SUGAR GROVE • TAX ADMINISTRATOR, TIMOTHY E. OATNEY, C.P.A.  
121 E. SIXTH AVE., SUITE 105 • LANCASTER, OHIO 43130-2595  
(740) 687-1192 - Fax (740) 687-1343  
www.tax.ohio.gov/divisions/municipalities/index.stm

Fiscal Period \_\_\_\_\_ 20\_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_\_

NAME AND ADDRESS: IF INCORRECT, PLEASE CHANGE

[Empty box for name and address]

Check your status as a taxpayer:

- Resident  Nonresident
- Employee  Professional  Proprietor  Corporation
- Partner  Partnership  Other \_\_\_\_\_

Computation of Estimated Tax:

1. Estimated income subject to Sugar Grove Income Tax 1 \$ \_\_\_\_\_
2. Estimated Tax Due: .0075% of Line 1 ..... 2 \$ \_\_\_\_\_
3. Less Sugar Grove Tax to be withheld ..... 3 \$ \_\_\_\_\_
4. Balance of estimated Sugar Grove Tax Declared .. 4 \$ \_\_\_\_\_
5. Credits:
  - a. Overpayment from prior year credited to estimate ..... \$ \_\_\_\_\_
  - b. If Sugar Grove resident, .00375 Sugar Grove Tax due on wages that are subject to tax in another city ..... \$ \_\_\_\_\_
  - c. Total credits ..... 5 \$ \_\_\_\_\_
6. Net tax due (Line 4 Less Line 5) ..... 6 \$ \_\_\_\_\_
7. AMOUNT PAID WITH THIS RETURN (Not less than 45% of Line 6.) ..... 7 \$ \_\_\_\_\_
8. Balance due after this payment. .... 8 \$ \_\_\_\_\_

Social Security No. \_\_\_\_\_ Fed. I.D. No. \_\_\_\_\_

Please answer the following questions:

1. City of Residence \_\_\_\_\_
2. City of Employment \_\_\_\_\_
3. Employer's Name \_\_\_\_\_

The undersigned declares this to be a true, correct and complete Declaration of Estimated Sugar Grove Income Tax for the period stated.

**X** \_\_\_\_\_ (Signature and Title) \_\_\_\_\_ (Date)

**X** \_\_\_\_\_ (Signature and Title) \_\_\_\_\_ (Date)

**MAKE REMITTANCE TO THE VILLAGE OF SUGAR GROVE**

Calender Year taxpayer file with Income Tax Office by **July 31**  
Fiscal Year taxpayer file by the 15th day of the 6th month of Taxpayer's taxable year.

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**X** \_\_\_\_\_ (Signature and Title) \_\_\_\_\_ (Date)

**X** \_\_\_\_\_ (Signature and Title) \_\_\_\_\_ (Date)

**MAKE REMITTANCE TO THE VILLAGE OF SUGAR GROVE**

Calender Year taxpayer file with Income Tax Office by **January 31**. Fiscal Year taxpayer file by the 15th day of the 12th month of Taxpayer's taxable year.