

**DECLARATION OF ESTIMATED TAX FOR YEAR 2003**

**VOUCHER # 1 - DUE APRIL 15, 2003**

NAME \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

ADDRESS \_\_\_\_\_

- 1) Total income subject to tax \$ \_\_\_\_\_ (Multiply by .0175) .....\$ \_\_\_\_\_
- 2) Less income tax withheld by other city (Credit limited to 1%) .....\$ \_\_\_\_\_
- 3) Total declaration (line 1 minus line 2) .....\$ \_\_\_\_\_
- 4) Payment amounts (line 3 times 0.225).....\$ \_\_\_\_\_
- 5) Overpayment from previous year (if not refunded).....\$ \_\_\_\_\_
- 6) 1st payment amount (line 4 minus line 5) .....\$ \_\_\_\_\_

**90% OF BALANCE TO BE PAID IN FOUR EQUAL INSTALLMENTS**

**VOUCHER # 2 - DUE JULY 31, 2003**

NAME \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

ADDRESS \_\_\_\_\_

- 1) Payment enclosed .....\$ \_\_\_\_\_
  - 2) Check # \_\_\_\_\_
  - 3) Prior amount paid .....\$ \_\_\_\_\_
  - 4) Remaining Balance \$ \_\_\_\_\_
- Contact person \_\_\_\_\_ Phone # \_\_\_\_\_

**SEND PAYMENT TO: CITY OF MANSFIELD, INCOME TAX DIVISION, P.O. BOX 577.  
MANSFIELD, OHIO 44901-0577 PHONE# (419) 755-9711**

**VOUCHER # 3 - DUE OCTOBER 31, 2003**

NAME \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

ADDRESS \_\_\_\_\_

- 1) Payment enclosed .....\$ \_\_\_\_\_
  - 2) Check # \_\_\_\_\_
  - 3) Prior amount paid .....\$ \_\_\_\_\_
  - 4) Remaining Balance \$ \_\_\_\_\_
- Contact person \_\_\_\_\_ Phone # \_\_\_\_\_

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**VOUCHER # 4 - DUE JANUARY 31, 2004**

NAME \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

ADDRESS \_\_\_\_\_

- 1) Payment enclosed .....\$ \_\_\_\_\_
  - 2) Check # \_\_\_\_\_
  - 3) Prior amount paid .....\$ \_\_\_\_\_
  - 4) Remaining Balance \$ \_\_\_\_\_
- Contact person \_\_\_\_\_ Phone # \_\_\_\_\_

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