

DECLARATION OF ESTIMATED TAX FOR YEAR 2004

VOUCHER # 1 - DUE APRIL 15, 2004, OR FIFTEENTH DAY OF FOURTH FISCAL MONTH

NAME _____ SOC. SEC. # or FED. ID. # _____

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 JUNE 15, 2004, OR FIFTEENTH DAY OF SIXTH FISCAL MONTH

NAME _____ SOC. SEC. # or FED. ID. # _____

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 SEPTEMBER 15, 2004, OR FIFTEENTH DAY OF NINTH FISCAL MONTH

NAME _____ SOC. SEC. # or FED. ID. # _____

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 # 4 - DUE DECEMBER 15, 2004, OR FIFTEENTH DAY OF TWELTH FISCAL MONTH

NAME _____ SOC. SEC. # or FED. ID. # _____

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**