

Declaration of Estimated Taxes for the Tax Year _____

Your first name and initial	Last Name
Spouse's first name and initial	Last Name
Home address (number and street)	Apt. No.
City, town or post office, state, and ZIP code	

Amherst Income Tax Department
480 Park Avenue
Amherst, OH 44001
phone (440) 988-4212 fax (440)-988-3749
email: incometax@amherstohio.org

Your social security number	Spouse's social security number
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Computation of Estimated Taxes

1). Total estimated income subject to tax	\$	
Multiply line 1 by the city income tax rate	X	0.015
2). Total estimated tax	\$	
3). Estimated income tax to be withheld or paid to other cities <i>(This amount would be 1% (.01) of line 1 if you are working in another city that has a tax rate equal to or greater than 1%.)</i>	\$	
4). Balance of city income tax declared. Subtract line 3 from line 2	\$	

Estimated Taxes in the City of Amherst are **not mandatory**. Bills will be mailed on a quarterly schedule as shown below:

1st Quarter	Due April 15
2nd Quarter	Due July 15
3rd Quarter	Due October 15
4th Quarter	Due December 15

Your estimated payments may be made by check payable to "Amherst Income Tax Department", and mailed to the address above.

You may also elect to have your estimated payments directly debited from your checking or savings account on a quarterly basis. If you wish to do this, please complete the "ACH Authorization" form and mail or drop it off in our office. Please remember to include a void check or deposit slip. You will be mailed a statement each quarter before your account is debited.

Taxpayer's Signature _____ Date _____ Telephone Number (____) _____

Spouse's Signature _____ Date _____ Telephone Number (____) _____

Preparer's Signature _____ Date _____ Telephone Number (____) _____