

DECLARATION OF ESTIMATED TAX FOR YEAR 2002

VOUCHER # 1 – DUE APRIL 15TH OR END OF FIRST FISCAL QUARTER

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) Quarterly payment amounts (line 3 times .25)..... \$ _____
- 5) Overpayment from previous year (if not refunded)..... \$ _____
- 6) 1st payment amount (line 4 minus line 5)..... \$ _____

BALANCE TO BE PAID QUARTERLY

VOUCHER # 2 – DUE JUNE 30TH, 2002, OR END OR SECOND FISCAL QUARTER

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

ADDRESS _____

- 1) Payment enclosed.....\$ _____
- 2) Check # _____
- 3) Prior amount paid.....\$ _____
- 4) Total to date\$ _____
- 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 SEPT 30TH, 2002, OR END OR THIRD FISCAL QUARTER

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

ADDRESS _____

- 1) Payment enclosed.....\$ _____
- 2) Check # _____
- 3) Prior amount paid.....\$ _____
- 4) Total to date\$ _____
- 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 DEC. 30TH, 2002, OR END OR FOURTH FISCAL QUARTER

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

ADDRESS _____

- 1) Payment enclosed.....\$ _____
- 2) Check # _____
- 3) Prior amount paid.....\$ _____
- 4) Total to date\$ _____
- Contact person _____
- Phone # _____

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MANSFIELD, OHIO 44901-0577 PHONE# 419-755-9711**