

Taxpayer Name and Address:

Account #: _____
 Taxpayer SS# _____ - _____ - _____
 or
 Federal ID# _____ - _____

REQUIREMENTS

1. WHO MUST MAKE A DECLARATION: Every person who anticipates receiving any taxable income, or who engages in any business, profession, enterprise, or activity subject to Delaware income tax, and expects to owe more than \$200.00 tax after excluding Delaware withholding and applicable credits, must file a Declaration of Estimated Tax. Declaration may be amended at any time.
2. PAYMENT OF ESTIMATED TAX: The estimated tax may be paid in full with the declaration or in four equal installments on or before **April 15, June 15, September 15, and January 15**. Failure to timely pay estimated taxes due by quarterly due dates will result in penalty and interest charges. Visit our website at www.delawareohio.net for current penalty and interest rates.

DECLARATION OF ESTIMATED TAX FOR TAX YEAR 20____

1. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY TAX RATE OF 1.85% FOR GROSS TAX OF ... \$ _____
2. LESS DELAWARE TAX TO BE WITHHELD AND/OR CREDITS FOR TAX PAID TO OTHER CITIES ... \$ _____
3. DECLARATION OF ESTIMATED TAX DUE (LINE 1 LESS LINE 2) \$ _____
4. LESS OVERPAYMENT FROM PRIOR YEAR(S) \$ _____
5. NET TAX DUE (LINE 3 LESS LINE 4) \$ _____

INSTRUCTIONS

- LINE 1 Enter the total taxable income you expect to earn this year multiplied by the Delaware tax rate of 1.85%.
- LINE 2 Enter the tax to be withheld by your employer(s) for Delaware and the credit for taxes paid to other cities in which you work. The city of Delaware has a reduced credit for taxes paid to other cities.
- LINE 3 Line 1 less Line 2. This is your estimated tax due for the year.
- LINE 4 Enter the amount of overpayment to be carried forward from previous year(s).
- LINE 5 Line 3 less Line 4. This is your net tax due for the year.

 Signature of Taxpayer

 Date

 Daytime Phone Number

 Print Name

 Email Address