

**CITY OF MANSFIELD, OHIO  
DECLARATION OF ESTIMATED TAX FOR YEAR 2017**

**2017 ESTIMATED TAX VOUCHER #1 – Due 18<sup>th</sup> day of 4<sup>th</sup> fiscal month**

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address: \_\_\_\_\_

- |   |          |                   |          |
|---|----------|-------------------|----------|
| 1. Total income subject to tax.....                                   | \$ _____ | (Multiply by .02) | \$ _____ |
| 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. 1 <sup>st</sup> payment amount (line 4 minus line 5) .....         | \$ _____ |                   | \$ _____ |

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

**2017 ESTIMATED TAX VOUCHER #2 – Due 15<sup>th</sup> day of 6<sup>th</sup> fiscal month**

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address: \_\_\_\_\_

- |                      |          |                      |          |
|----------------------|----------|----------------------|----------|
| 1. Payment Enclosed  | \$ _____ | 2. Check # .....     | _____    |
| 3. Prior amount paid | \$ _____ | 4. Remaining Balance | \$ _____ |
| Contact Person.....  | _____    | Phone # .....        | _____    |

**2017 ESTIMATED TAX VOUCHER #3 – Due 15<sup>th</sup> day of 9<sup>th</sup> fiscal month**

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address: \_\_\_\_\_

- |                      |          |                      |          |
|----------------------|----------|----------------------|----------|
| 1. Payment Enclosed  | \$ _____ | 2. Check # .....     | _____    |
| 3. Prior amount paid | \$ _____ | 4. Remaining Balance | \$ _____ |
| Contact Person.....  | _____    | Phone # .....        | _____    |

**2017 ESTIMATED TAX VOUCHER #4 – Due 15<sup>th</sup> day of 12<sup>th</sup> fiscal month**

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address: \_\_\_\_\_

- |                      |          |                      |          |
|----------------------|----------|----------------------|----------|
| 1. Payment Enclosed  | \$ _____ | 2. Check # .....     | _____    |
| 3. Prior amount paid | \$ _____ | 4. Remaining Balance | \$ _____ |
| Contact Person.....  | _____    | Phone # .....        | _____    |

**MAIL PAYMENTS TO:      CITY OF MANSFIELD, INCOME TAX DIVISION  
   P.O. BOX 577  
   MANSFIELD, OHIO 44901-0577**

**CALL IF YOU HAVE QUESTIONS OR IF YOU WISH TO PAY BY PHONE: 419-755-9711**