

TO BE FILED WITH:
READING TAX OFFICE
1000 MARKET STREET
READING, OH 45215
Phone # (513) 733-0300
Fax # (513) 842-1016

**20__ BUSINESS DECLARATION OF
ESTIMATED TAX**

1ST (APRIL 15) 2ND (JUNE 15)
3RD (SEPTEMBER 15) 4TH (JANUARY 15)

OFFICE HOURS:
8:30 AM TO 4:30 PM
MONDAY - FRIDAY

TAXPAYER NAME AND ADDRESS

ACCOUNT # _____
(SSN / FEDERAL ID #)

DATE MOVED INTO READING ____/____/____

1. TOTAL INCOME SUBJECT TO TAX \$ _____ MULTIPLY BY 2.0% FOR GROSS TAX \$ _____

2. LESS EXPECTED TAX CREDITS

a. OVERPAYMENT FROM PRIOR YEAR \$ _____

b. TOTAL CREDITS \$ _____

3. NET ESTIMATED TAX DUE FOR 20__ (LINE 1 MINUS 2B) \$ _____

4. AMOUNT DUE WITH THIS DECLARATION (NOT LESS THAN ____ OF LINE 3) \$ _____

I CERTIFY THAT I HAVE EXAMINED THIS DECLARATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEVE IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGNATURE OF PREPARER (OTHER THAN TAXPAYER) _____

SIGNATURE OF TAXPAYER _____ DATE _____

ADDRESS _____ TELEPHONE # _____

CREDIT CARD AUTHORIZATION:
3.5% PROCESSING FEE WILL APPLY TO ALL CHARGES

☐ VISA ☐ MASTERCARD

Print Name: _____ PAYMENT AMOUNT: \$ _____

Signature: _____

Account Number

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Expiration Date: ____ / ____

CVC _____ 3 digit security code on back of card