JEDD QUARTERLY FORM DECLARATION OF ESTIMATED JEDD INCOME TAX

| vou | JCHER 1 | | | |
|-------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ACCOUNT NUMBER | DUE ON OR BEFORE | SOC SEC # / FED ID # | ENTER YOUR ESTIMATED | |
| declare that this return ha | is been examined by me, and complete. | to the best of my knowledge | 1. Amount of this estimated payment\$ | |
| | | | 2. Amount of any unused overpayment credit applied to this installment\$ | |
| SIGNATURE AND TITLE | | DATE | 3. Pay this amount (line 1 less line 2)\$ | |
| | | | Make checks payable to the appropriate JEDD: | |
| | | | (Bath-Akron-Fairlawn JEDD, Copley-Akron JEDD, Coventry-Akron JEDD or Springfield-Akron JEDD) | |
| | | | Mail to: City of Akron, 1 Cascade Plaza- Suite 100 Akron, OH 44308 | |
| Enter name & addres | s in the space above or m | ake needed corrections. | THIS FORM MUST BE RETURNED WITH REMITTANCE. TAXPAYER ASSISTANCE (330) 375-2539 | |
| JQ-1 VOU | | ARTERLY FORM ESTIMATED JEDD INCOME TAX | \Box \leftarrow check ($$) this box if amending your declaration (see reverse side | |
| | | | | |
| declare that this return ha and belief it is correct and o | is been examined by me, and complete. | to the best of my knowledge | 1. Amount of this estimated payment\$ | |
| · | | | Amount of any unused overpayment credit applied to this installment\$ | |
| SIGNATURE AND TITLE | | DATE | 3. Pay this amount (line 1 less line 2)\$ | |
| | | | Make checks payable to the appropriate JEDD: (Bath-Akron-Fairlawn JEDD, Copley-Akron JEDD, Coventry-Akron JEDD or Springfield-Akron JEDD) | |
| | | | Mail to: City of Akron, 1 Cascade Plaza- Suite 100 Akron, OH 44308 | |
| Enter name & address | s in the space above or ma | ake needed corrections. | THIS FORM MUST BE RETURNED WITH REMITTANCE. TAXPAYER ASSISTANCE (330) 375-2539 | |
| JQ-1 VOU ACCOUNT NUMBER | | SOC SEC # / FED ID # | \Box \leftarrow check ($$) this box if amending your declaration (see reverse side | |
| | | | | |
| declare that this return ha and belief it is correct and o | is been examined by me, and complete. | to the best of my knowledge | 1. Amount of this estimated payment\$ | |
| | | | Amount of any unused overpayment credit applied to this installment\$ | |
| SIGNATURE AND TITLE DATE | | | 3. Pay this amount (line 1 less line 2)\$ | |
| | | | Make checks payable to the appropriate JEDD: (Bath-Akron-Fairlawn JEDD, Copley-Akron JEDD, Coventry-Akron JEDD or Springfield-Akron JEDD) | |
| | | | Mail to: City of Akron, 1 Cascade Plaza- Suite 100 Akron, OH 44308 | |
| Enter name & address in the space above or make needed corrections. | | | THIS FORM MUST BE RETURNED WITH REMITTANCE. TAXPAYER ASSISTANCE (330) 375-2539 | |
| JQ-1 | | | RE | |
| | (1) 12/15/21 is the f | STIMATED JEDD INCOME TAX | \Box \leftarrow check ($$) this box if amending your declaration (see reverse sidi | |
| ACCOUNT NUMBER | DUE ON OR BEFORE | ourth quarter due date for Individuals. SOC SEC # / FED ID # | | |
| I declare that this return has been examined by me, and to the best of my knowledge | | to the best of my knowledge | 1. Amount of this estimated payment\$ | |
| and belief it is correct and o | complete. | | 2. Amount of any unused overpayment credit applied to this installment\$ | |
| SIGNATURE AND TITLE | | DATE | 3. Pay this amount (line 1 less line 2)\$ | |
| | | | Make checks payable to the appropriate JEDD: (Bath-Akron-Fairlawn JEDD, Copley-Akron JEDD, | |
| | | | (Bath-Akron-Fairlawh JEDD, Copiey-Akron JEDD, Coventry-Akron JEDD or Springfield-Akron JEDD) | |

Mail to: City of Akron, 1 Cascade Plaza- Suite 100 Akron, OH 44308

To amend your Declaration of Estimated taxes, complete the worksheet section to the right and enter the amount calculated on Line 5 to the front of the form (Line 1).

Check the box \mathbf{M} on the top of the form, then sign and date the declaration below.

I declare that this Amended Declaration has been examined by me, and to the best of my knowledge and belief it is correct, true and complete.

DATE

SIGNATURE AND TITLE

| 1. | Adjusted Estimated Taxable Income for year \$ |
|----|------------------------------------------------------------|
| 2. | Estimated Tax Due - 2.50 % of Line 1 \$ |
| 3. | Credits A. Payments already made this year\$ |
| | B. Overpayment from prior year\$ |
| | C. Other (Specify)\$ |
| | D. Total Credits (Add Lines 3A, 3B & 3C) \$ |
| 4. | Balance of Estimated Tax\$\$(Subtract Line 3D from Line 2) |
| _ | |

5. Payment to be made with this Amended \$ _____ Declaration (Divide Line 4 by the number of remaining payments.)

To amend your Declaration of Estimated taxes, complete the worksheet section to the right and enter the amount calculated on Line 5 to the front of the form (Line 1).

Check the box \mathbf{V} on the top of the form, then sign and date the declaration below.

I declare that this Amended Declaration has been examined by me, and to the best of my knowledge and belief it is correct, true and complete.

SIGNATURE AND TITLE DATE

| 1. | Adjusted Estimated Taxable Income for year | \$ |
|----|------------------------------------------------------------|------|
| 2. | Estimated Tax Due - 2.50 % of Line 1 | . \$ |
| 3. | Credits A. Payments already made this year | \$ |
| | B. Overpayment from prior year | \$ |
| | C. Other (Specify) | \$ |
| | D. Total Credits (Add Lines 3A, 3B & 3C) | \$ |
| 4. | Balance of Estimated Tax (Subtract Line 3D from Line 2) | \$ |
| 5 | Payment to be made with this Amended | \$ |

Declaration (Divide Line 4 by the number of remaining payments.)

To amend your Declaration of Estimated taxes, complete the worksheet section to the right and enter the amount calculated on Line 5 to the front of the form (Line 1).

Check the box \mathbf{V} on the top of the form, then sign and date the declaration below.

I declare that this Amended Declaration has been examined by me, and to the best of my knowledge and belief it is correct, true and complete.

SIGNATURE AND TITLE DATE

| 1. | Adjusted Estimated Taxable Income for year \$ |
|----|-----------------------------------------------|
| 2. | Estimated Tax Due - 2.50 % of Line 1 \$ |
| 3. | Credits A. Payments already made this year\$ |
| | B. Overpayment from prior year \$ |
| | C. Other (Specify)\$ |
| | D. Total Credits (Add Lines 3A, 3B & 3C) \$ |
| 4. | Balance of Estimated Tax \$ |

5. Payment to be made with this Amended \$ ______ Declaration (Divide Line 4 by the number of remaining payments.)