



AKRON QUARTERLY STATEMENT
DECLARATION OF ESTIMATED AKRON INCOME TAX

VOUCHER 1 FORM D-1

You may be required to pay Quarterly Estimated Tax to avoid penalty and interest charges. Please see FORM D-1 & AQ-1 Instructions & Worksheet.

| | | | |
|--|------------------|----------------------|--|
| ACCOUNT NUMBER | DUE ON OR BEFORE | SOC SEC # / FED ID # | ENTER YOUR ESTIMATED TAX HERE → |
| I declare that this return has been examined by me, and to the best of my knowledge and belief it is correct and complete. | | | |
| SIGNATURE AND TITLE _____ DATE _____ | | | 1. Amount of this estimated payment\$ |
| | | | 2. Amount of any unused overpayment credit applied to this installment\$ |
| | | | 3. Pay this amount (line 1 less line 2)\$ |
| Make checks payable and mail to: CITY OF AKRON Income Tax Division 1 Cascade Plaza – Suite 100 Akron, Ohio 44308 - 1161 | | | |

Enter name & address in the space above or make needed corrections.

THIS FORM MUST BE RETURNED WITH REMITTANCE.
TAXPAYER ASSISTANCE (330) 375-2290

DETACH HERE



AKRON QUARTERLY STATEMENT
PAYMENT OF ESTIMATED AKRON INCOME TAX

VOUCHER 2 FORM AQ-1

You may be required to pay Quarterly Estimated Tax to avoid penalty and interest charges. Please see FORM D-1 & AQ-1 Instructions & Worksheet.

← CHECK (✓) THIS BOX IF AMENDING YOUR DECLARATION (SEE REVERSE SIDE)

| | | | |
|--|------------------|----------------------|--|
| ACCOUNT NUMBER | DUE ON OR BEFORE | SOC SEC # / FED ID # | |
| I declare that this return has been examined by me, and to the best of my knowledge and belief it is correct and complete. | | | |
| SIGNATURE AND TITLE _____ DATE _____ | | | 1. Amount of this estimated payment\$ |
| | | | 2. Amount of any unused overpayment credit applied to this installment\$ |
| | | | 3. Pay this amount (line 1 less line 2)\$ |
| Make checks payable and mail to: CITY OF AKRON Income Tax Division 1 Cascade Plaza – Suite 100 Akron, Ohio 44308 - 1161 | | | |

Enter name & address in the space above or make needed corrections.

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AKRON QUARTERLY STATEMENT
PAYMENT OF ESTIMATED AKRON INCOME TAX

VOUCHER 3 FORM AQ-1

You may be required to pay Quarterly Estimated Tax to avoid penalty and interest charges. Please see FORM D-1 & AQ-1 Instructions & Worksheet.

← CHECK (✓) THIS BOX IF AMENDING YOUR DECLARATION (SEE REVERSE SIDE)

| | | | |
|--|------------------|----------------------|--|
| ACCOUNT NUMBER | DUE ON OR BEFORE | SOC SEC # / FED ID # | |
| I declare that this return has been examined by me, and to the best of my knowledge and belief it is correct and complete. | | | |
| SIGNATURE AND TITLE _____ DATE _____ | | | 1. Amount of this estimated payment\$ |
| | | | 2. Amount of any unused overpayment credit applied to this installment\$ |
| | | | 3. Pay this amount (line 1 less line 2)\$ |
| Make checks payable and mail to: CITY OF AKRON Income Tax Division 1 Cascade Plaza – Suite 100 Akron, Ohio 44308 - 1161 | | | |

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AKRON QUARTERLY STATEMENT
PAYMENT OF ESTIMATED AKRON INCOME TAX

**FORM AQ-1
VOUCHER 4**

You may be required to pay Quarterly Estimated Tax to avoid penalty and interest charges. Please see FORM D-1 & AQ-1 Instructions & Worksheet.

← CHECK (✓) THIS BOX IF AMENDING YOUR DECLARATION (SEE REVERSE SIDE)

| | | | |
|--|------------------|----------------------|--|
| ACCOUNT NUMBER | DUE ON OR BEFORE | SOC SEC # / FED ID # | |
| I declare that this return has been examined by me, and to the best of my knowledge and belief it is correct and complete. | | | |
| SIGNATURE AND TITLE _____ DATE _____ | | | 1. Amount of this estimated payment\$ |
| | | | 2. Amount of any unused overpayment credit applied to this installment\$ |
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| Make checks payable and mail to: CITY OF AKRON Income Tax Division 1 Cascade Plaza – Suite 100 Akron, Ohio 44308 - 1161 | | | |

Enter name & address in the space above or make needed corrections.

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TAXPAYER ASSISTANCE (330) 375-2290

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 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 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

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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 on the top of the form, then sign and date the declaration below.

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SIGNATURE AND TITLE DATE

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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.)