DECLARATION OF ESTIMATED LAKEVIEW INCOME TAX

Lakeview Department of Taxation	For Calendar Year	or		
PO Box 105				
Lakeview, Ohio 43331 Phone (937) 843-3140 Fax (937) 843-6009	Fiscal Year From	10		
Filidite (337) 043-3140 Fax (337) 043-0003				
(1) Name and Address				
	IF YOU ARE NOT WITHH	IF YOU ARE NOT WITHHOLDING AND YOUR TAX		
	LIABILITY IS \$200.00 OR	LIABILITY IS \$200.00 OR MORE, THIS FORM		
1	MUST BE COMPLETED A	ND PAID		
(2) I should be fellowing about the fellowing Declaration	ion of Calinated Income Tou			
(2) I elect the following alternative to pay my Lakeview Declarat A. Pay in full with this Declaration	ion of Estimated income rax.			
B. Pay 25% with this Declaration and 25% on or before each	h of the following dates: June 15, Septembe	r 15 and December 15	5.	
(3) Estimated Income Subject to Tax \$@ t	ax rate	(3) \$ _		
(4) Estimated Tax Withheld By Your Employer(s)				
(5) Overpayment Applied From Previous Year	(5) \$			
(6) Other Payments and Credits				
(7) Total Payments and Credits (Add lines 4, 5, and 6)				
(8) Net Estimated Tax Due (Line 3 minus line 7)				
(9) Estimate Paid (Not Less Than 25% of Line (8)				
(10) The undersigned declares this to be true, correct and com				
(10) The undersigned declares this to be true, correct and com	piete Deciaration of Estimated Income Tax	or the period stated	g .	
		Date	.,	
		···		
Lakeview Department of Taxation , PO Box 105, Lakeview, Ohio 43331 REMITTANCE STUB Name and Address				
	Payment Amount Additional 15 % If paid after do			
	Total Paid			
	Total Falu			
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Lakeview Department of Taxation, PO Box 105, Lakeview, Ohio 4 REMITTANCE STUB Name and Address	· ·	r 15	ė	
REMITTANCE STUB Name and Address	Payment Amount Additional 15 % If paid a	fter due date	\$ \$	
		itel due date	¥	
	Total Paid		\$	
Lakeview Department of Taxation, PO Box 105, Lakeview, Ohio 4	3331 Estimate of Tax Due December	15		
REMITTANCE STUB Name and Address	Payment Amount	13	\$	
	Additional 15 % If paid a	fter due date	\$	
	Total Paid	-	\$	
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