

2008

CITY OF GREENVILLE
DEPARTMENT OF TAXATION
MUNICIPAL BUILDING, 100 PUBLIC SQUARE, GREENVILLE OH 45331
PHONE 937-548-5747 FAX 937-548-3035

(Form 08-DECL-INT)

Check your status as a taxpayer: Employee ___ Proprietor ___ Partnership ___ Resident ___ Non-Resident ___ Corporation

NAME AND ADDRESS
[Blank lines for name and address entry]

OCCUPATION OR NATURE OF BUSINESS:
SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER:
SPOUSE'S SOCIAL SECURITY NUMBER:
[Blank lines for occupation and SSN entry]

PLEASE SEE BACK SIDE FOR INSTRUCTIONS ON COMPLETING THIS FORM

DECLARATION OF ESTIMATED TAX FOR THE CALENDAR YEAR 2008
OR
FISCAL PERIOD _____ to _____

- 1. INCOME SUBJECT TO TAX \$ _____ TIMES TAX RATE OF 1.5% FOR GROSS TAX OF..... \$ _____
2. GREENVILLE CITY TAX WITHHELD..... \$ _____
3. OTHER CITY TAX CREDIT (NOT TO EXCEED 1.5% OF THAT PORTION TAXED... \$ _____
4. NET TAX DUE (LINE 1 LESS LINE 2+3)..... \$ _____
5. LINE 4 TIMES .25 \$ _____
6. LESS OVERPAYMENT CREDIT FROM 2007 RETURN..... \$ _____
7. AMOUNT PAID WITH THIS DECLARATION (LINE 15 MINUS LINE 16)..... \$ _____
8. BALANCE OF ESTIMATED TAX..... \$ _____

THE UNDERSIGNED DECLARES THAT THIS DECLARATION IS A TRUE, CORRECT AND COMPLETE DECLARATION FOR THE TAXABLE PERIOD STATED.

SIGNATURE OF TAXPREPARER DATE

YOUR SIGNATURE DATE

ADDRESS OF PREPARER DATE

SPOUSE'S SIGNATURE DATE