



**AKRON QUARTERLY STATEMENT
DECLARATION OF ESTIMATED CITY INCOME TAX
FORM D-1**

VOUCHER 1

ACCOUNT NUMBER	DUE ON OR BEFORE	SOC SEC # / FED ID #	ENTER YOUR ESTIMATED TAX HERE →
<p>I DECLARE THAT THIS RETURN HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS A TRUE, CORRECT AND COMPLETE RETURN MADE IN GOOD FAITH, PURSUANT TO CITY OF AKRON INCOME TAX ORDINANCE AND REGULATIONS.</p>			<p>1. Amount of this estimated payment ... \$ _____</p> <hr/> <p>2. Amount of any unused overpayment credit applied to this installment \$ _____</p> <hr/> <p>3. Pay this amount (line 1 less line 2) . \$ _____</p> <hr/> <p style="text-align: center;">Make checks payable to: CITY OF AKRON Mail to: INCOME TAX DIVISION CITY OF AKRON 1 Cascade Plaza - 11th Floor AKRON, OH 44308 - 1100</p>
SIGNATURE AND TITLE		DATE	<p>THIS FORM MUST BE RETURNED WITH REMITTANCE. TAXPAYER ASSISTANCE (330) 375-2290</p>

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

..... DETACH HERE



**AKRON QUARTERLY STATEMENT
PAYMENT OF ESTIMATED CITY INCOME TAX
FORM AQ-1**

VOUCHER 2

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

ACCOUNT NUMBER	DUE ON OR BEFORE	SOC SEC # / FED ID #	
<p>I DECLARE THAT THIS RETURN HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS A TRUE, CORRECT AND COMPLETE RETURN MADE IN GOOD FAITH, PURSUANT TO CITY OF AKRON INCOME TAX ORDINANCE AND REGULATIONS.</p>			<p>1. Amount of this estimated payment ... \$ _____</p> <hr/> <p>2. Amount of any unused overpayment credit applied to this installment \$ _____</p> <hr/> <p>3. Pay this amount (line 1 less line 2) . \$ _____</p> <hr/> <p style="text-align: center;">Make checks payable to: CITY OF AKRON Mail to: INCOME TAX DIVISION CITY OF AKRON 1 Cascade Plaza - 11th Floor AKRON, OH 44308 - 1100</p>
SIGNATURE AND TITLE		DATE	<p>THIS FORM MUST BE RETURNED WITH REMITTANCE. TAXPAYER ASSISTANCE (330) 375-2290</p>

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

..... DETACH HERE

AMENDED DECLARATION

Use this form only for adjusting your original Declaration of City of Akron Income Tax.

<p>1. Estimated Taxable Income for the tax year -- \$ _____</p> <p>2. Estimated Tax due - 2.25% of Line 1 ----- \$ _____</p> <p>3. LESS Akron tax to be withheld and/ or tax to be paid to another city or JEDD ----- \$ _____</p> <p>4. Balance of Estimated Akron Tax ----- \$ _____</p>	<p>5. CREDITS</p> <p>(A) Payments previously made for this tax year \$ _____</p> <p>(B) Overpayment claimed on prior year's return ----- \$ _____</p> <p>(C) (Other - Specify) ----- \$ _____</p> <p>(D) Total Credits (Add Lines 5A, 5B & 5C) ----- \$ _____</p> <p>6. Balance of tax due (Line 4 less 5D) ----- \$ _____</p> <p>7. Payment made with this Amended Declaration (Divide Line 6 by number of remaining payments) ---- \$ _____</p>
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I declare that this amended Declaration has been examined by me and to the best of my knowledge and belief is a true, correct and complete amendment, made in good faith, pursuant to City of Akron Income Tax Ordinance and Regulations

SIGNATURE & TITLE _____ DATE _____

ENTER THIS AMOUNT ON LINE 3 ON THE FACE OF THIS FORM



AKRON QUARTERLY STATEMENT
PAYMENT OF ESTIMATED CITY INCOME TAX
FORM AQ-1

VOUCHER 3

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

ACCOUNT NUMBER	DUE ON OR BEFORE	SOC SEC # / FED ID #	
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I DECLARE THAT THIS RETURN HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS A TRUE, CORRECT AND COMPLETE RETURN MADE IN GOOD FAITH, PURSUANT TO CITY OF AKRON INCOME TAX ORDINANCE AND REGULATIONS.

SIGNATURE AND TITLE	DATE

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

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 to: CITY OF AKRON Mail to: INCOME TAX DIVISION CITY OF AKRON 1 Cascade Plaza - 11th Floor AKRON, OH 44308 - 1100

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AKRON QUARTERLY STATEMENT
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VOUCHER 4

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

ACCOUNT NUMBER	DUE ON OR BEFORE	SOC SEC # / FED ID #	
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I DECLARE THAT THIS RETURN HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS A TRUE, CORRECT AND COMPLETE RETURN MADE IN GOOD FAITH, PURSUANT TO CITY OF AKRON INCOME TAX ORDINANCE AND REGULATIONS.

SIGNATURE AND TITLE	DATE

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

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 to: CITY OF AKRON Mail to: INCOME TAX DIVISION CITY OF AKRON 1 Cascade Plaza - 11th Floor AKRON, OH 44308 - 1100

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- 1. Estimated Taxable Income for the tax year -- \$ _____
- 2. Estimated Tax due - 2.25% of Line 1 ----- \$ _____
- 3. LESS Akron tax to be withheld and/ or tax to be paid to another city or JEDD ----- \$ _____
- 4. Balance of Estimated Akron Tax ----- \$ _____

- 5. CREDITS
 - (A) Payments previously made for this tax year \$ _____
 - (B) Overpayment claimed on prior year's return ----- \$ _____
 - (C) (Other - Specify) ----- \$ _____
 - (D) Total Credits (Add Lines 5A, 5B & 5C) ----- \$ _____

I declare that this amended Declaration has been examined by me and to the best of my knowledge and belief is a true, correct and complete amendment, made in good faith, pursuant to City of Akron Income Tax Ordinance and Regulations

- 6. Balance of tax due (Line 4 less 5D) ----- \$ _____
- 7. Payment made with this Amended Declaration (Divide Line 6 by number of remaining payments) ---- \$ _____

SIGNATURE & TITLE	DATE
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▲
 ENTER THIS AMOUNT
 ON LINE 3
 ON THE FACE OF THIS FORM