EST 1808
CITY OF
DELAWARE
▪ INCOME TAX DEPARTMENT ▪

BERKSHIRE TOWNSHIP

20 25 Declaration of Estimated Tax

Taxpayer Name and Address:	Account #: _____ Taxpayer SS#_____ _____ _____ or Federal ID# _____ _____

REQUIREMENTS

1. WHO MUST MAKE A DECLARATION: Every person who anticipates receiving any taxable income, or who engages in any business, profession, enterprise, or activity subject to Berkshire Township JEDD income tax, and expects to owe more than $200.00 tax after excluding Berkshire Township JEDD withholding and applicable credits, must file a Declaration of Estimated Tax. Declaration may be amended at any time. Estimate must be 100% of the prior years liability, or 90% of the current years liability. Underestimating, or failing to amend your declaration when income changes, may result in a declaration penalty.

2. PAYMENT OF ESTIMATED TAX: The estimated tax may be paid in full with the declaration or in four equal installments on or before **April 15, June 15, September 15, and January 15**. Failure to timely pay estimated taxes due by quarterly due dates will result in penalty and interest charges. Visit our website at www.delawareohio.net for current penalty and interest rates.

DECLARATION OF ESTIMATED TAX FOR TAX YEAR 20 25

1. TOTAL INCOME SUBJECT TO TAX $ _____MULTIPLY BY TAX RATE OF 1.85% FOR GROSS TAX OF . . . $_____

2. LESS JEDD TAX TO BE WITHHELD AND/OR CREDITS FOR TAX PAID TO OTHER CITIES . . . . . $_____

3. DECLARATION OF ESTIMATED TAX DUE (LINE 1 LESS LINE 2) . . . . . $_____

4. LESS OVERPAYMENT FROM PRIOR YEAR(S) . . . . . $_____

5. NET TAX DUE (LINE 3 LESS LINE 4) . . . . . $_____

INSTRUCTIONS

LINE 1 Enter the total taxable income you expect to earn this year multiplied by the Berkshire Township JEDD tax rate of 1.85%.
LINE 2 Enter the tax to be withheld by your employer(s) for Berkshire Township JEDD and the credit for taxes paid to other cities in which you work. The Berkshire Township JEDD has a reduced credit for taxes paid to other cities.
LINE 3 Line 1 less Line 2. This is your estimated tax due for the year.
LINE 4 Enter the amount of overpayment to be carried forward from previous year(s).
LINE 5 Line 3 less Line 4. This is your net tax due for the year.

_____ _____ _____
Signature of Taxpayer Date Daytime Phone Number

_____ _____
Print Name Email Address

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