

2004 BUSINESS DECLARATION OF ESTIMATED INCOME TAX



FOR OFFICIAL USE ONLY

FOR CALENDAR YEAR 2004 OR _____ MONTHS ENDING _____ 20____

A legally filed Declaration must be signed, dated and accompanied by payment. The safest and easiest way to declare is to estimate this year's taxes based on last year's taxable income. **Mail To: Cincinnati Income Tax Bureau 805 Central Ave Ste 600 Cincinnati, OH. 45201-5487 by APRIL 30, 2004.**
Please make checks payable to The City of Cincinnati.

ACCT # _____

BUSINESS NAME

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

MAILING ADDRESS

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

COMPLETE THE BLOCKS TO THE RIGHT IF THIS SPACE IS BLANK OR THE PREPRINTED INFORMATION IS INCORRECT.

CITY

STATE

ZIPCODE

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

FED ID#

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

CORPORATION PARTNERSHIP
 OTHER _____

PHONE #

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

INTEREST AND PENALTIES MUST BE ASSESSED FOR FAILURE TO FILE AND MAKE TIMELY PAYMENTS

1. ESTIMATED 2004 TAXABLE INCOME _____ X 2.1% = ESTIMATED TAX... _____
2. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF YOU REQUESTED TRANSFER ON YOUR 2004 RETURN..... _____
3. BALANCE OF 2004 ESTIMATED TAX PAYMENT..... _____
4. AMOUNT TO BE PAID WITH YOUR DECLARATION AT TIME OF FILING. (1/4 of Line 1 minus Line 2) _____

The undersigned declares this to be a true, correct and complete declaration of estimated Cincinnati income tax for the year 2004.

SIGNATURE

DATE

TITLE

EXPLANATION OF NEW TAXPAYER OR CHANGE OF TAX STATUS

ADDRESS OF CINCINNATI LOCATION _____

NATURE OF BUSINESS _____

LOCAL MANAGER OR REPRESENTATIVE _____

DATE TAXABLE ACTIVITY BEGAN IN CINCINNATI _____

WILL YOU HAVE EMPLOYEES SUBJECT TO CINCINNATI WITHHOLDING TAX? _____ WILL REMITTANCE EXCEED \$300.00 PER MONTH? _____

GENERAL INFORMATION & INSTRUCTIONS

2004 DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 30, 2004
FILE DECLARATION WITH ¼ PAYMENT

JULY 31, 2004
MAKE 2ND QUARTERLY PAYMENT

OCT. 31, 2004
MAKE 3RD QUARTERLY PAYMENT

JAN. 31, 2005
MAKE 4TH QUARTERLY PAYMENT

APRIL 15, 2005
FILE RETURN. PAY ANY BALANCE DUE.

Within four months after beginning a new business located or operating within the corporate limits of Cincinnati, or for existing businesses, within 4 months of the start of the tax year, the business must file a Declaration. If filing your first Declaration, offer an appropriate additional explanation above or by attachment. Please notify the tax office promptly of any later changes. If your form is blank, or your name, address and account number have been preprinted and the information shown is *not* correct, please make necessary changes in the boxes above.

The three months prior to the Declaration due date should provide a reasonably accurate basis from which most businesses can estimate the current year's income. An original estimate can and should be amended if subsequent events indicate it to be grossly in error. If impractical to base this year's estimate as suggested, refer to last year's actual taxable income as indicated on your return. An estimate based on an amount equal to or greater than the last full year's taxable income is insurance against any penalty on underestimating for Cincinnati purposes.

Make your own income and estimated tax entries on Line 1. If you overpaid last year's tax and requested transfer of same towards this year's estimated tax, enter the amount on Line 2. Then deduct it from Line 1 and enter the difference on Line 3.

Line 3 represents the net amount of your estimated tax payable this year either in full with the filing of this Declaration, or in installments as indicated by the payment calendar. Enter on Line 4 the amount of remittance accompanying your Declaration – and please retain records for future reference.

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX BUREAU
P O BOX 640770
CINCINNATI OH 45264-0770

2004

Enter your name and address here

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

DUE DATE: **JULY 31, 2004**

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX BUREAU
P O BOX 640770
CINCINNATI OH 45264-0770

2004

Enter your name and address here

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

DUE DATE: **OCTOBER 31, 2004**

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX BUREAU
P O BOX 640770
CINCINNATI OH 45264-0770

2004

Enter your name and address here

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

DUE DATE: **JANUARY 31, 2005**

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____