

**IMPOSITION OF TAX FOR ESTIMATES**

*THIS IS THE ONLY TIME THESE VOUCHERS WILL BE SENT*

This is your 2007 of estimated tax package. Included are four installment forms to be filed by:

INDIVIDUALS: April 15, July 31, October 31 and January 31.

CORPORATIONS: April 15, June 15, September 15, December 15.

For your convenience, a worksheet to determine if you are required to file a declaration of estimated tax is listed below.

**2007 ESTIMATED TAX WORKSHEET**

- 1. Total income subject to Gallipolis Tax ..... \$ \_\_\_\_\_
- 2. Gallipolis income tax — 1% of line 1 amount ..... \$ \_\_\_\_\_
- 3. Less: Gallipolis tax withheld by employers ..... \$ \_\_\_\_\_
- 4. Less: Overpayment on previous year's return ..... \$ \_\_\_\_\_
- 5. Less: Income taxes paid to City of \_\_\_\_\_ Not to exceed 1% of that city's income ..... \$ \_\_\_\_\_
- 6. Net estimated tax due (line 2 minus line 3, 4 and 5 ..... \$ \_\_\_\_\_

**PAYMENT RECORD**

	Date	Check #	Amount Paid
Quarter 1			\$
Quarter 2			\$
Quarter 3			\$
Quarter 4			\$
Credit from prior year .....			\$

**NO NOTICE OF  
TOTAL PAYMENTS  
WILL BE SENT TO YOU**

Enter this amount on line 8 of your 2007 City Tax Return.

To avoid a penalty: (a) each installment must equal at least 25% of the lesser of 90% of the tax shown on the current year's tax return or 100% of the tax shown on the return for the preceding tax year, (b) the amount of tax for the current year would be less than fifty dollars (\$50.00).

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**CITY OF GALLIPOLIS INCOME TAX DEPT. — ESTIMATED TAX**  
**518 SECOND AVENUE; GALLIPOLIS, OH 45631-1219**  
**FIRST QUARTER, 2007**

- 1. Total Estimated Tax ..... \$ \_\_\_\_\_
- 2. Amount Enclosed (1/4 of line 1) ..... \$ \_\_\_\_\_

<b>TAX OFFICE USE ONLY</b>	
TOTAL PAID \$	_____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK	_____
RECEIPT#	_____

Account # \_\_\_\_\_ SS# or FID# \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Date \_\_\_\_\_ Telephone # \_\_\_\_\_

**PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPT.**