

Name: _____ S.S. No./Fed. Id. _____

Address: _____

DECLARATION OF ESTIMATED TAX FOR 20_____

- 1. Total income subject to Tax \$ _____ multiply by Tax Rate of 1%1. \$ _____
- 2. Less expected Tax Credit:
 - A. Waverly Tax withheld by employer (Not to exceed 1% of that portion taxed)2A. \$ _____
 - B. 200__ overpayments to be applied to 200__ tax2B. \$ _____
 - C. Payments to another Municipality (Not to exceed 1% of that portion taxed)2C. \$ _____
 - D. Total CREDITS2D. \$ _____
- 3. 200__ NET TAX DUE (Line 1 less Line 2D)3. \$ _____
- 4. Amount paid with this declaration (Not less than 1/4 of Line 3)4. \$ _____
- 5. Balance of 200__ Tax Due5. \$ _____
- 6. Total of this Payment6. \$ _____