



CITY OF PICKERINGTON
INCOME TAX DEPARTMENT
100 LOCKVILLE RD
PICKERINGTON OH 43147-1399
TELEPHONE:(614) 837-4116
FAX:(614) 833-2201

DECLARATION OF ESTIMATED TAX FOR YEAR 2009
Required by law according to Codified Ordinance Section 882.08 on all income from which City of Pickerington tax is not withheld. Penalty for noncompliance.

NAME: _____
(Please print taxpayer and spouse)

STREET ADDRESS: _____

HOME PHONE: _____ MOVE IN OR OUT DATE: _____
(Partial year residents only)

taxpayer SS# _____ Employer's name _____

spouse SS# _____ Employer's name _____

1. Total gross income subject to tax: \$ _____
Partial year residents: Proportion income to include only that earned as a Pickerington City resident.
2. Multiply line 1 by 1% (.01): \$ _____
3. Less resident credit of 1/2% (.005): \$ _____
(Multiply .005 X all income from line 1 that was taxed by another city)
4. Net tax due (line 2 less line 3) \$ _____
6. First quarter estimate payment (1/4 of line 4): **Due April 15, 2009:** \$ _____
7. Second quarter (estimate payments must equal 1/2 of line 4): \$ _____
(Amount due by July 15, 2009)
8. Third quarter (estimate payments must equal 3/4 of line 4): \$ _____
(Amount due by October 15, 2009)
9. Fourth quarter (estimate payments must equal 100% of line 4): \$ _____
(Amount due by December 15, 2009)