

City of Perrysburg Declaration of Estimated Tax

Voucher No. 1 due April 15, 2021

File #

Name

Address

Return this voucher with payment to:
City of Perrysburg Tax Commissioner
PO Box 490, Perrysburg, OH 43552-0490

For calendar year 2021 or fiscal year ending

- 1. Declaration from Line 5 of Estimated Tax Worksheet
- 2. ¼ of Line 1
- 3. Less any carryover from prior year
- 4. Line 2 minus Line 3
Amount of first installment

Taxpayer check no. _____

Taxpayer must sign here

Date

SS#/FEIN _____



City of Perrysburg Declaration of Estimated Tax

Voucher No. 2 due June 15, 2021

File #

Name

Address

Return this voucher with payment to:
City of Perrysburg Tax Commissioner
PO Box 490, Perrysburg, OH 43552-0490

For calendar year 2021 or fiscal year ending

- 1. Declaration from Line 5 of Estimated Tax Worksheet
- 2. Less previous payments to date
- 3. Line 1 – Line 2
Balance 2021 Estimated Tax due
- 4. 1/3 of Line 3
Amount of second quarter installment

Taxpayer check no. _____

Taxpayer must sign here

Date

SS#/FEIN _____



City of Perrysburg Declaration of Estimated Tax

Voucher No. 3 due September 15, 2021

File #

Name

Address

Return this voucher with payment to:
City of Perrysburg Tax Commissioner
PO Box 490, Perrysburg, OH 43552-0490

For calendar year 2021 or fiscal year ending

- 1. Declaration from Line 5 of Estimated Tax Worksheet
- 2. Less previous payments to date
- 3. Line 1 – Line 2
Balance 2021 Estimated Tax due
- 4. ½ of Line 3
Amount of third quarter installment

Taxpayer check no. _____

Taxpayer must sign here

Date

SS#/FEIN _____



City of Perrysburg Declaration of Estimated Tax

Voucher No. 4 due January 15, 2022

File #

Name

Address

Return this voucher with payment to:
City of Perrysburg Tax Commissioner
PO Box 490, Perrysburg, OH 43552-0490

For calendar year 2021 or fiscal year ending

- 1. Declaration from Line 5 of Estimated Tax Worksheet
- 2. Less previous payments to date
- 3. Line 1 – Line 2
Balance 2021 Estimated Tax due
- 4. Pay amount on Line 3
for fourth quarter installment

Taxpayer check no. _____

Taxpayer must sign here

Date

SS#/FEIN _____