

**Taxpayers copy of declaration of estimated Greenwich income tax**  
**FOR CALENDAR YEAR**

Or Fiscal Year Beginning

Ending

1. Total income subject to Greenwich Tax	-----	\$	_____
2. Greenwich Tax 1% of amount shown on line 1	-----		_____
Less: a. Greenwich Tax to be withheld	-----		_____
3. Balance Greenwich Tax declared	-----		\$ _____
4. Credits: a. Overpayment - previous year's tax	-----	\$	_____
b. Payments on previous declaration	-----		_____
c. Other (specify)	-----		_____
d. Total Credits	-----		\$ _____
5. Net Tax due (line 3 less total of line 4)	-----		_____
6. Amount paid with this return (not less than 1/4 of line 5)	-----		_____
7. Balance of Tax	-----		\$ _____

THE UNDERSIGNED DECLARES THIS TO BE A TRUE, CORRECT AND COMPLETE DECLARATION OF ESTIMATED INCOME TAX FOR PERIOD STATED.

SIGNATURE OF TAXPAYER(S)

TITLE DATE

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
**VILLAGE OF GREENWICH, OHIO**  
**INCOME TAX DEPT.**

PAYABLE AT: **47 MAIN ST.**  
**GREENWICH, OHIO 44837**

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGE

145854

2025 RELEASE UNDER E.O. 14176