

**Quarterly Statement of Estimated Income Tax Due**

FID/EIN/SSN

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Municipality: \_\_\_\_\_

Amount of this installment: \_\_\_\_\_

Employment Tax      Residence Tax      Net Profit Tax

Municipality: \_\_\_\_\_

Amount of this installment: \_\_\_\_\_

Employment Tax      Residence Tax      Net Profit Tax

Municipality: \_\_\_\_\_

Amount of this installment: \_\_\_\_\_

Employment Tax      Residence Tax      Net Profit Tax

Make checks payable to:

**CCA • Division of Taxation**

Mail to: **CCA • Division of Taxation**

**PO BOX 94810**

**Cleveland, Ohio 44101-4810**

Tax Period Year: 20\_\_\_\_

Tax Quarter: 1st  2nd  3rd  4th