City of Lakewood
Division of Municipal Income Tax
12805 Detroit Avenue Lakewood, OH 44107
Telephone: (216) 529-6620 Fax: (216) 529-6099
www.onelakewood.com

Form L-ES - Declaration of Estimated Tax Tax Year: _____

Per Lakewood Ordinance §128.1303 and 128.1304, taxpayers owing one hundred dollars ($200.00) or more of estimated tax are required to file a declared estimate of income tax on or before April 15th or within four (4) months of the date the taxpayer becomes subject to tax for the first time.

_____ _____
Social Security Number Spouse's Social Security Number

_____ _____
Last Name First Name Initial Spouse's Last Name First Name Initial

_____ _____ _____ _____
Present Address Apt # City State Zip Code

ESTIMATED TAX CALCULATION

1. a. Total taxable income for current tax year $_____

   Prorated Income (use this calculation if lived in Lakewood part of the year)
   b. Annual income Line 1a / 12 months = $_____
   c. Monthly income Line 1b x _____ months in Lakewood = $_____
   Enter the applicable amount on Line 1 from Line 1a or Line 1c 1. _____
   (Line 1a or Line 1c)

2. Does your employer withhold income tax for the city you work in 2. _____
   YES – enter 1% or .01 on Line 2
   NO – enter 1.5% or .015 on Line 2

3. Multiply Line 1 by Line 2. Enter amount on Line 3. This is your estimated income tax for the entire year. **If this amount is less then $200 – stop – no estimate required.** 3. _____

4. Multiply Line 3 by 25% or 0.25. 4. _____

5. Estimated income tax payments are **BILLED** quarterly on the following dates: 5. _____

   March 1st May 15th August 15th November 15th

   Circle the dates that already passed as of the date you are completing this form and enter the number of the dates circled above on Line 5.

6. Multiply Line 4 by Line 5. Enter the amount on Line 6. This is the amount due with this form. 6. _____

I hereby declare the information supplied above to be true, correct and complete

Signature_____ Date_____

Spouse's Signature_____ Date_____

Mail completed form to the above Lakewood address or fax to: 216-529-6099