

2024 CITY OF NEW PHILADELPHIA ESTIMATED DECLARATION VOUCHERS

Dear Taxpayer:

This is your 2024 Estimated Declaration package. Included are four quarterly installment forms to be filed on April 15, 2024, June 15, 2024, September 15, 2024, and January 14, 2025.

Estimated tax must be paid in quarterly installments on all earned income without local payroll withholding or when withholding is at a rate of less than 1.5%.

A worksheet is below for your convenience in determining if you are required to file.

If you need assistance, visit our office at 150 East High Avenue, Suite 041, New Philadelphia, OH 44663, or call (330) 364-4491 ext. 1231.

Sincerely,
Tax Administrator

2024 WORKSHEET FOR DECLARATION OF ESTIMATED INCOME TAX

1. Total income subject to New Philadelphia Tax \$ _____
2. New Philadelphia tax @ 1.5% \$ _____
3. Less Tax Withheld
 - a. By a New Philadelphia Employer \$ _____
 - b. By an employer in (name of city) _____ (only NP residents can use this credit.
Not to exceed up to 1.5%) \$ _____
 - c. Total Tax Withheld (Total line 3a plus line 3b) \$ _____
4. Balance estimated New Philadelphia tax (line 2 minus 3c) \$ _____
5. Less Credits: Overpayment on previous year's return \$ _____
6. Net Estimated Tax due (line 4 less line 5) \$ _____

MAKE SURE YOUR REMITTANCE FOR EACH QUARTER IS INCLUDED WITH YOUR ESTIMATE VOUCHER. Make checks payable to the New Philadelphia Income Tax Department. Taxpayers (businesses) filing on a fiscal year basis should substitute appropriate dates.

Income Tax Department
City of New Philadelphia
150 East High Avenue, Suite 041
New Philadelphia, Ohio 44663

2024 DECLARATION OF ESTIMATED NEW PHILADELPHIA INCOME TAX VOUCHER

VOUCHER 1
(CALENDAR YEAR –
DUE APRIL 15, 2024)

Check MO Cash

SOCIAL SECURITY #	SPOUSE'S SOCIAL SECURITY #, IF JOINT RETURN
<input type="text"/>	<input type="text"/>

Name

Address

City

State

Zip

If fiscal year taxpayer, substitute date

A. Estimated tax (or amended estimate tax) \$ _____
for the year 2024
or fiscal year ending _____ (month & year)

B. Amount of this installment
No less than 22.5% of line A \$ _____

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2024 DECLARATION OF ESTIMATED NEW PHILADELPHIA INCOME TAX VOUCHER

VOUCHER 2
(CALENDAR YEAR –
DUE JUNE 15, 2024)

Check MO Cash

SOCIAL SECURITY #	SPOUSE'S SOCIAL SECURITY #, IF JOINT RETURN
<input type="text"/>	<input type="text"/>

Name

Address

City State Zip

If fiscal year taxpayer, substitute date

- A. Estimated tax (or amended estimate tax) \$ _____
for the year 2024
or fiscal year ending _____ (month & year)
- B. Amount of this installment
No less than 22.5% of line A \$ _____

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2024 DECLARATION OF ESTIMATED NEW PHILADELPHIA INCOME TAX VOUCHER

VOUCHER 3
(CALENDAR YEAR –
DUE SEPTEMBER 15, 2024)

Check MO Cash

SOCIAL SECURITY #	SPOUSE'S SOCIAL SECURITY #, IF JOINT RETURN
<input type="text"/>	<input type="text"/>

Name

Address

City State Zip

If fiscal year taxpayer, substitute date

- A. Estimated tax (or amended estimate tax) \$ _____
for the year 2024
or fiscal year ending _____ (month & year)
- B. Amount of this installment
No less than 22.5% of line A \$ _____

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2024 DECLARATION OF ESTIMATED NEW PHILADELPHIA INCOME TAX VOUCHER

VOUCHER 4
(CALENDAR YEAR –
DUE JANUARY 14, 2025)

Check MO Cash

SOCIAL SECURITY #	SPOUSE'S SOCIAL SECURITY #, IF JOINT RETURN
<input type="text"/>	<input type="text"/>

Name

Address

City State Zip

If fiscal year taxpayer, substitute date

- A. Estimated tax (or amended estimate tax) \$ _____
for the year 2024
or fiscal year ending _____ (month & year)
- B. Amount of this installment
No less than 22.5% of line A \$ _____