

VILLAGE OF NAVARRE
DECLARATION OF ESTIMATED INCOME TAX YEAR _____
27 Canal St., W. – Navarre Ohio 44662
330/879-5508

Name _____
Address _____

Federal ID/Social Security No. _____

Above is the individual, corporate, or trade name as it appears on our records. Please make any necessary corrections.

1. Total estimated income subject to Village of Navarre tax \$ _____
2. Village of Navarre Income Tax (1-1/2% of line #1 figure) _____
3. Credits:
 (a) Estimated tax to be withheld for the Village _____
 (b) Other (specify) _____
 TOTAL CREDITS _____
4. Balance (line 2 less total of Line 3) _____
5. Amount paid with this declarations (1/4 of line 4) _____

I declare this to be a true, correct and complete declaration of estimated Village of Navarre income tax due for the period stated.

SIGNATURE

DATE