

CELINA RETURN OF ESTIMATED TAX

OFFICE USE ONLY

ACCOUNT # _____ YEAR _____

Payable to:
Celina Tax Administrator
P.O. Box 117, Celina, Ohio 45822-0117

Period: 1st Quarter
Due on or Before April 15th

Form Q-1 Rev. 11-20

NAME AND ADDRESS _____

- 1. Amount Of This Installment \$ _____
- 2. Amount of Unused Credit Applied \$ _____
- 3. Pay This Amount (Line1 Less Line 2) \$ _____
- 4. Total With Penalty and Interest \$ _____

Authorized Signature X _____
Social Security # _____

PENALTY: 15% of amount not timely paid
INTEREST: .42% per month

CELINA RETURN OF ESTIMATED TAX

OFFICE USE ONLY

ACCOUNT # _____ YEAR _____

Payable to:
Celina Tax Administrator
P.O. Box 117, Celina, Ohio 45822-0117

Period: 2nd Quarter
Due on or Before June 15th

Form Q-1 Rev. 11-20

NAME AND ADDRESS _____

- 1. Amount Of This Installment \$ _____
- 2. Amount of Unused Credit Applied \$ _____
- 3. Pay This Amount (Line1 Less Line 2) \$ _____
- 4. Total With Penalty and Interest \$ _____

Authorized Signature X _____
Social Security # _____

PENALTY: 15% of amount not timely paid
INTEREST: .42% per month

CELINA RETURN OF ESTIMATED TAX

OFFICE USE ONLY

ACCOUNT # _____ YEAR _____

Payable to:
Celina Tax Administrator
P.O. Box 117, Celina, Ohio 45822-0117

Period: 3rd Quarter
Due on or Before September 15th

Form Q-1 Rev. 11-20

NAME AND ADDRESS _____

- 1. Amount Of This Installment \$ _____
- 2. Amount of Unused Credit Applied \$ _____
- 3. Pay This Amount (Line1 Less Line 2) \$ _____
- 4. Total With Penalty and Interest \$ _____

Authorized Signature X _____
Social Security # _____

PENALTY: 15% of amount not timely paid
INTEREST: .42% per month

CELINA RETURN OF ESTIMATED TAX

OFFICE USE ONLY

ACCOUNT # _____ YEAR _____

Payable to:
Celina Tax Administrator
P.O. Box 117, Celina, Ohio 45822-0117

Period: 4th Quarter
Due on or Before January 15th

Form Q-1 Rev. 11-20

NAME AND ADDRESS _____

- 1. Amount Of This Installment \$ _____
- 2. Amount of Unused Credit Applied \$ _____
- 3. Pay This Amount (Line1 Less Line 2) \$ _____
- 4. Total With Penalty and Interest \$ _____

Authorized Signature X _____
Social Security # _____

PENALTY: 15% of amount not timely paid
INTEREST: .42% per month