

**VILLAGE OF OCTA Income Tax Dept. • P.O. Box 63 • Milledgeville, Ohio 43142**  
**TAX OFFICE PHONE (740) 948-2444**

Form WD-1 File with Income Tax Dept. Village of Octa	<b>DECLARATION OF ESTIMATED OCTA INCOME TAX</b> FOR CALENDAR YEAR _____ or Fiscal Period _____ 20 _____ to _____ 20 _____	<b>FILE WITHIN 4 MONTHS</b> <b>AFTER BEGINNING</b> <b>OF TAX YEAR</b>
---	--	---

(A) Federal Identification Number, Name and Address

  
  
  
  
  
  
  
  
  
  

(C) 1. Social Security No. or Federal I.D. No. \_\_\_\_\_  
 Spouse's Social Security No. If Joint Declaration \_\_\_\_\_  
 2. Nature of Business \_\_\_\_\_  
 3. Will you have employees this year? Yes  No

(B) The undersigned declares this to be a true, correct and complete Declaration of Estimated Village of Octa Income Tax for the period stated.

(D) Computation of Estimated Tax:

1. Estimated income subject to Octa Tax ..... \$ \_\_\_\_\_  
 2. Estimated Tax due: 1.00% of Line 1 ..... \$ \_\_\_\_\_  
 3. Credits  
 a. Less: Octa Tax to be withheld by employer \$ \_\_\_\_\_  
 b. Other credits (specify) ..... \$ \_\_\_\_\_  
 c. Total credits ..... \$ \_\_\_\_\_  
 4. Net Tax due (Line 2 less Line 3c) ..... \$ \_\_\_\_\_  
 a. Over payment from previous year ..... \$ \_\_\_\_\_  
 5. Amount paid with this Declaration ..... \$ \_\_\_\_\_  
 (Not less than 1/4 of Line 4 less lline 4a)  
 6. Balance of Tax payable ..... \$ \_\_\_\_\_  
 (Payable in equal installments before the last day of seventh, tenth and thirteenth months after the beginning of tax year.)  
**MAKE REMITTANCE TO: THE "VILLAGE OF OCTA"**

\_\_\_\_\_  
 (SIGNATURE AND TITLE)

\_\_\_\_\_  
 (PRINT NAME AND TITLE)

\_\_\_\_\_  
 (DATE)                      \_\_\_\_\_  
 (PHONE)                      \_\_\_\_\_  
 (EXT.)