FORM 32

REGIONAL INCOME TAX AGENCY

Declaration of Estimated Income Tax

For Tax Year

So	c. Sec. No.:		Spouse's Soc	. Sec. No.:			
Na	me:						
Sp	ouse's Name:						
Add	dress #:		Suite:				
Str	eet Name:					1	
City	y:				*FORM	A 32*	
Sta	ite:	Zip:					
		·]-[]		
Sig	nature	Date		Home Phor	ne #		
				_	-		
	nature ling jointly, BOTH must sign even if only one i	Date had income)		Business Pl	hone #		
1. 2. 3. 4. 5. 6. 7. 8. NON 9.	Total estimated tax. (Add Lines 8 and 9.) Pla	e if part year resident; and enter result on Lithan your residence cit our residence city e Tax Credit of your runicipality	ine 2	ce city and not with	nheld; multiply	on the Tax Table. 1. 2. 3. 4. 5. 6. 7. 8.	
SEC	CTION 2						
1. 2. 3.	Total Estimated Tax for (From Line 10, Section 1) Less Prior Year Credit			*************		,	.00
4.	Amount Paid (Make Check Payable to RITA) (Not Less than 1/4 Tax Due. Return form and)d payment within 30	days)		\$,	,	.00
A. B. C. D.	PLEASE FURNISH THE FOLLOWING INFO Municipality where you live						
_	le municipal tay withhold from all your cornir	2002			V		

Remit To: Regional Income Tax Agency

P.O. Box 6600, Cleveland, OH 44101-2004

Phone: (440) 526-0900 (Cleveland Local)

(614) 538-0512 (Columbus Local)

(800) 860-RITA (Toll Free) (440) 526-5332 (TDD Only)

Obtain forms at www.ritaohio.com