_____ DECLARATION OF ESTIMATED INCOME

CITY OF SCRANTON AND SCRANTON SCHOOL DISTRICT

FORM 33 **SINGLE TAX OFFICE**

MAKE CHECK PAYABLE TO:

COLLECTOR OF TAXES
100 THE MALL AT STEAMTOWN, UNIT 216
SCRANTON, PA 18503

☐ PAID IN FULL ☐ PAID QUARTERLY ☐ TAX WITHHELD BY EMPLOYER *

S. S. NO. _____

NAME

ADDRESS

TAX OFFICE COPY

FIRST PAYMENT DUE
APRIL 15, _____

1. ESTIMATED TOTAL EARNINGS AND/OR NET PROFIT SUBJECT TO EARNED INCOME TAX FOR _____	$
2. ESTIMATED TAX AT OF LINE 1	$
3. PRIOR YEAR OVERPAYMENT	$
4. NET ESTIMATED TAX DUE THIS YEAR (LINE 2 MINUS LINE 3)	$
5. AMOUNT PAID THIS DECLARATION	$

☐ CHECK HERE IF ADDRESS IS DIFFERENT THAN THAT SHOWN AND PRINT NEW ADDRESS ON BACK OF THIS FORM.

_____
TAXPAYER'S SIGNATURE DATE

FIRST PAYMENT DUE
APRIL 15, _____

1. ESTIMATED TOTAL EARNINGS SUBJECT TO EARNED INCOME TAX	$
2. ESTIMATED INCOME TAX	$
3. PRIOR YEAR OVERPAYMENT	$
4. NET ESTIMATED TAX DUE THIS YEAR (LINE 2 MINUS LINE 3)	$
5. AMOUNT PAID, THIS DECLARATION	$

DATE _____

CHECK NO. _____

RETAIN THIS STUB
FOR YOUR RECORDS

_____ DECLARATION OF ESTIMATED INCOME

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S. S. NO. _____

NAME

ADDRESS

TAX OFFICE COPY

SECOND PAYMENT DUE
JULY 15, _____

1. ESTIMATED TOTAL EARNINGS AND/OR NET PROFIT SUBJECT TO EARNED INCOME TAX FOR _____	$
2. ESTIMATED TAX AT OF LINE 1	$
3. PRIOR YEAR OVERPAYMENT	$
4. NET ESTIMATED TAX DUE THIS YEAR (LINE 2 MINUS LINE 3)	$
5. AMOUNT PAID THIS DECLARATION	$

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_____
TAXPAYER'S SIGNATURE DATE

SECOND PAYMENT DUE
JULY 15, _____

1. ESTIMATED TOTAL EARNINGS SUBJECT TO EARNED INCOME TAX	$
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3. PRIOR YEAR OVERPAYMENT	$
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S. S. NO. _____

NAME

ADDRESS

TAX OFFICE COPY

THIRD PAYMENT DUE
OCTOBER 15, _____

1. ESTIMATED TOTAL EARNINGS AND/OR NET PROFIT SUBJECT TO EARNED INCOME TAX FOR _____	$
2. ESTIMATED TAX AT OF LINE 1	$
3. PRIOR YEAR OVERPAYMENT	$
4. NET ESTIMATED TAX DUE THIS YEAR (LINE 2 MINUS LINE 3)	$
5. AMOUNT PAID THIS DECLARATION	$

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_____
TAXPAYER'S SIGNATURE DATE

THIRD PAYMENT DUE
OCTOBER 15, _____

1. ESTIMATED TOTAL EARNINGS SUBJECT TO EARNED INCOME TAX	$
2. ESTIMATED INCOME TAX	$
3. PRIOR YEAR OVERPAYMENT	$
4. NET ESTIMATED TAX DUE THIS YEAR (LINE 2 MINUS LINE 3)	$
5. AMOUNT PAID, THIS DECLARATION	$

DATE _____

CHECK NO. _____

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S. S. NO. _____

NAME

ADDRESS

TAX OFFICE COPY

FINAL PAYMENT DUE
JANUARY 15, _____

1. ESTIMATED TOTAL EARNINGS AND/OR NET PROFIT SUBJECT TO EARNED INCOME TAX FOR _____	$
2. ESTIMATED TAX AT OF LINE 1	$
3. PRIOR YEAR OVERPAYMENT	$
4. NET ESTIMATED TAX DUE THIS YEAR (LINE 2 MINUS LINE 3)	$
5. AMOUNT PAID THIS DECLARATION	$

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_____
TAXPAYER'S SIGNATURE DATE

FINAL PAYMENT DUE
JANUARY 15, _____

1. ESTIMATED TOTAL EARNINGS SUBJECT TO EARNED INCOME TAX	$
2. ESTIMATED INCOME TAX	$
3. PRIOR YEAR OVERPAYMENT	$
4. NET ESTIMATED TAX DUE THIS YEAR (LINE 2 MINUS LINE 3)	$
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