

**CELINA RETURN OF ESTIMATED TAX**

OFFICE USE ONLY

ACCOUNT # YEAR

Tax Administrator, City Hall - 2nd Floor,  
P.O. Box 117, Celina, Ohio 45822-0117

**Due on or Before April 15th - Voucher ( )**  
**Period January 1st thru March 31st**

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith pursuant to Municipal Income Tax Ordinance and the Regulations issued under the authority there of **PLEASE TYPE OR PRINT CLEARLY**

Form Q-1 Rev. 11-06

- 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: 3% per month, or fraction thereof (minimum \$10.00 charge)  
INTEREST: 1% per month or fraction thereof

**CELINA RETURN OF ESTIMATED TAX**

OFFICE USE ONLY

ACCOUNT # YEAR

Tax Administrator, City Hall - 2nd Floor,  
P.O. Box 117, Celina, Ohio 45822-0117

**Due on or Before July 31st - Voucher ( )**  
**Period April 1st thru June 30th**

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith pursuant to Municipal Income Tax Ordinance and the Regulations issued under the authority there of **PLEASE TYPE OR PRINT CLEARLY**

Form Q-1 Rev. 11-06

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Authorized Signature X \_\_\_\_\_  
Social Security # \_\_\_\_\_

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OFFICE USE ONLY

ACCOUNT # YEAR

Tax Administrator, City Hall - 2nd Floor,  
P.O. Box 117, Celina, Ohio 45822-0117

**Due on or Before October 31st - Voucher ( )**  
**Period July 1st thru September 30th**

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith pursuant to Municipal Income Tax Ordinance and the Regulations issued under the authority there of **PLEASE TYPE OR PRINT CLEARLY**

Form Q-1 Rev. 11-06

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- 3. Pay This Amount (Line1 Less Line 2)..... \$ \_\_\_\_\_
- 4. Total With Penalty and Interest..... \$ \_\_\_\_\_

Authorized Signature X \_\_\_\_\_  
Social Security # \_\_\_\_\_

PENALTY: 3% per month, or fraction thereof (minimum \$10.00 charge)  
INTEREST: 1% per month or fraction thereof

**CELINA RETURN OF ESTIMATED TAX**

OFFICE USE ONLY

ACCOUNT # YEAR

Tax Administrator, City Hall - 2nd Floor,  
P.O. Box 117, Celina, Ohio 45822-0117

**Due on or Before January 31st - Voucher ( )**  
**Period October 1st thru December 31st**

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith pursuant to Municipal Income Tax Ordinance and the Regulations issued under the authority there of **PLEASE TYPE OR PRINT CLEARLY**

Form Q-1 Rev. 11-06

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- 3. Pay This Amount (Line1 Less Line 2)..... \$ \_\_\_\_\_
- 4. Total With Penalty and Interest..... \$ \_\_\_\_\_

Authorized Signature X \_\_\_\_\_  
Social Security # \_\_\_\_\_

PENALTY: 3% per month, or fraction thereof (minimum \$10.00 charge)  
INTEREST: 1% per month or fraction thereof