

ALLOCATION OF JOINT TAX ESTIMATES AND OTHER PAYMENTS

We hereby allocate the _____ estimated tax payments as follows:

		Taxpayer SSN	Spouse SSN	
Federal	Date	_____	_____	
Overpayment Applied		\$ _____	\$ _____	\$ _____
1 st Quarter Estimate	4/15/___	_____	_____	_____
2 nd Quarter Estimate	6/15/___	_____	_____	_____
3 rd Quarter Estimate	9/15/___	_____	_____	_____
4 th Quarter Estimate	1/15/___	_____	_____	_____
Extension Payment	4/15/___	_____	_____	_____
Totals		\$ _____	\$ _____	\$ _____

Ohio				
Overpayment Applied		\$ _____	\$ _____	\$ _____
1 st Quarter Estimate	4/15/___	_____	_____	_____
2 nd Quarter Estimate	6/15/___	_____	_____	_____
3 rd Quarter Estimate	9/15/___	_____	_____	_____
4 th Quarter Estimate	1/15/___	_____	_____	_____
Extension Payment	4/15/___	_____	_____	_____
Totals		\$ _____	\$ _____	\$ _____

School District				
Overpayment Applied		\$ _____	\$ _____	\$ _____
1 st Quarter Estimate	4/15/___	_____	_____	_____
2 nd Quarter Estimate	6/15/___	_____	_____	_____
3 rd Quarter Estimate	9/15/___	_____	_____	_____
4 th Quarter Estimate	1/15/___	_____	_____	_____
Extension Payment	4/15/___	_____	_____	_____
Totals		\$ _____	\$ _____	\$ _____

Taxpayer Signature _____ Date _____
Spouse Signature _____ Date _____