

MAKE CHECK OR MONEY ORDER TO: EAST LIVERPOOL TAX DEPARTMENT	
126 W 6th St East Liverpool OH 43920	
Voice 330-385-5437 Ext _____ Fax 330-386-7865 sharon.eltax@gmail.com	

Name

And

Address

- 1 Total taxable income
- 2 Adjustments (See Schedule X)
- 3 Taxable income before allocation (Line 1 plus/minus lines 2)
- 4 Allocation percentage (See Schedule Y)
- 5 Adjusted Net Income (Multiply line 3 by line 4)
- 6 Allocable Net Loss Carry Forward
- 7 East Liverpool Taxable income (Line 5 minus Line 6)
- 8 East Liverpool income tax (Multiply line 7 by 1.500%)
- 9 Credits applied from previous year(s) to this year's liability
- 10 Estimates paid on this year's liability
- 11 Other credits
- 12 Total credits (Total line 9, 10 and 11)
- 13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.01
- 14 Penalty
- 15 Interest
- 16 Total due (Total line 13, 14 and 15)
- 17 Overpayment (Issued if greater than 10.01)
- 18 Amount to be refunded
- 19 Amount to be credited to next year

Declaration of Estimate For 2026

- 20 Total estimated income subject to tax
- 21 Estimated tax due. (Multiply line 20 by 1.500%)
- 22 Less credits (from 19 above)
- 23 Net estimated tax due (subtract line 22 from line 21)
- 24 Minimum amount due for first quarter (Multiply line 23 by 25%)

Amount You Owe

- 25 Total amount due (add lines 16 and 24)

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Federal ID#	
Business Telephone No.	
Principal Business Activity NAICS Code	
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES	
INTO / /	OUT OF / /
CHECK ONE	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION	
<input type="checkbox"/> OTHER _____	

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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

TaxPayer's Signature _____ Date _____

Tax Preparer's Signature _____ Date _____
(If other than taxpayer)
Phone No. _____

May CITY OF EAST LIVERPOOL discuss this return with the preparer shown above Yes No

