



ESTIMATED TAX PAYMENTS

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	FEDERAL		STATE (NAME):	
	Date Paid	Amount Paid	Date Paid	Amount Paid
Prior year overpayment applied				
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				

If you have an overpayment of taxes, do you want the excess refunded or applied to the next year?

Do you expect a considerable change in your next year's:

Income? Yes No If yes, please explain: _____

Deductions? Yes No If yes, please explain: _____

Withholding? Yes No If yes, please explain: _____

Filing Status? Yes No If yes, please explain: _____

Dependents? Yes No If yes, please explain: _____

I declare that I have examined and/or completed this worksheet and any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Prepared and submitted by: _____ Date: _____

Printed name: _____