

ACCOUNT # \_\_\_\_\_ YEAR \_\_\_\_\_ **CELINA RETURN OF ESTIMATED TAX**

OFFICE USE ONLY

Payable to:  
Celina Tax Administrator  
P.O. Box 117, Celina, Ohio 45822-0117

Period: 1st Quarter  
**Due on or Before April 15th**

Form Q-1 Rev. 11-17

NAME AND ADDRESS  
[Redacted]

- 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: 15% of amount not timely paid  
INTEREST: .50% per month

ACCOUNT # \_\_\_\_\_ YEAR \_\_\_\_\_ **CELINA RETURN OF ESTIMATED TAX**

OFFICE USE ONLY

Payable to:  
Celina Tax Administrator  
P.O. Box 117, Celina, Ohio 45822-0117

Period: 2nd Quarter  
**Due on or Before June 15th**

Form Q-1 Rev. 11-17

NAME AND ADDRESS  
[Redacted]

- 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: 15% of amount not timely paid  
INTEREST: .50% per month

ACCOUNT # \_\_\_\_\_ YEAR \_\_\_\_\_ **CELINA RETURN OF ESTIMATED TAX**

OFFICE USE ONLY

Payable to:  
Celina Tax Administrator  
P.O. Box 117, Celina, Ohio 45822-0117

Period: 3rd Quarter  
**Due on or Before September 15th**

Form Q-1 Rev. 11-17

NAME AND ADDRESS  
[Redacted]

- 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: 15% of amount not timely paid  
INTEREST: .50% per month

ACCOUNT # \_\_\_\_\_ YEAR \_\_\_\_\_ **CELINA RETURN OF ESTIMATED TAX**

OFFICE USE ONLY

Payable to:  
Celina Tax Administrator  
P.O. Box 117, Celina, Ohio 45822-0117

Period: 4th Quarter  
**Due on or Before January 15th**

Form Q-1 Rev. 11-17

NAME AND ADDRESS  
[Redacted]

- 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: 15% of amount not timely paid  
INTEREST: .50% per month