

**ESTIMATED  
TAX PAYMENTS**

Federal

Fill in only if separate  
allocations are required

	<u>Date paid</u>	<u>Joint</u>	<u>Taxpayer</u>	<u>Spouse</u>
Overpayment applied from prior year's return . . . . .	___ / ___ / ___	_____	_____	_____
1st quarter . . . . .	___ / ___ / ___	_____	_____	_____
2nd quarter . . . . .	___ / ___ / ___	_____	_____	_____
3rd quarter . . . . .	___ / ___ / ___	_____	_____	_____
4th quarter . . . . .	___ / ___ / ___	_____	_____	_____

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State #1

Name of state \_\_\_\_\_

	<u>Date paid</u>	<u>Joint</u>	<u>Taxpayer</u>	<u>Spouse</u>
Overpayment applied from prior year's return . . . . .	___ / ___ / ___	_____	_____	_____
1st quarter . . . . .	___ / ___ / ___	_____	_____	_____
2nd quarter . . . . .	___ / ___ / ___	_____	_____	_____
3rd quarter . . . . .	___ / ___ / ___	_____	_____	_____
4th quarter . . . . .	___ / ___ / ___	_____	_____	_____

State #2

Name of state \_\_\_\_\_

	<u>Date paid</u>	<u>Joint</u>	<u>Taxpayer</u>	<u>Spouse</u>
Overpayment applied from prior year's return . . . . .	___ / ___ / ___	_____	_____	_____
1st quarter . . . . .	___ / ___ / ___	_____	_____	_____
2nd quarter . . . . .	___ / ___ / ___	_____	_____	_____
3rd quarter . . . . .	___ / ___ / ___	_____	_____	_____
4th quarter . . . . .	___ / ___ / ___	_____	_____	_____