

SOCIAL SECURITY NUMBER	
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PAYMENT DUE ON	JUNE 15, 2018	#	2
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Name _____

Address _____

City _____

State _____ Zip Code _____

VOUCHER 2 - (CALENDAR YEAR - DUE JUNE 15)

- | | |
|---|-------|
| 1. Amount of this installment.....→ | _____ |
| 2. Amount of unused overpayment credit, if any, applied to this installment.....→ | _____ |
| 3. Amount of this installment payment (Line 1 less Line 2).....→ | _____ |

Make checks payable to: **CITY TREASURER**

Mail to: **Columbus Income Tax Division
PO Box 182158
Columbus, OH 43215-2158**

Note: DO NOT SEND CASH THROUGH U.S. MAIL

Rev 6/16/17

SOCIAL SECURITY NUMBER	
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PAYMENT DUE ON	SEPTEMBER 15, 2018	#	3
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Name _____

Address _____

City _____

State _____ Zip Code _____

VOUCHER 3 - (CALENDAR YEAR - DUE SEPTEMBER 15)

- | | |
|---|-------|
| 1. Amount of this installment.....→ | _____ |
| 2. Amount of unused overpayment credit, if any, applied to this installment.....→ | _____ |
| 3. Amount of this installment payment (Line 1 less Line 2).....→ | _____ |

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SOCIAL SECURITY NUMBER	
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PAYMENT DUE ON	JANUARY 15, 2019	#	4
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Name _____

Address _____

City _____

State _____ Zip Code _____

VOUCHER 4 - (CALENDAR YEAR - DUE JANUARY 15)

- | | |
|---|-------|
| 1. Amount of this installment.....→ | _____ |
| 2. Amount of unused overpayment credit, if any, applied to this installment.....→ | _____ |
| 3. Amount of this installment payment (Line 1 less Line 2).....→ | _____ |

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PO Box 182158
Columbus, OH 43215-2158**

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