

SOCIAL SECURITY NUMBER	-I
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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, Ohio 43218-2158

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

This form may be electronically filed and paid at www.columbus-tax.net

Rev. 6/16/17

SOCIAL SECURITY NUMBER	-I
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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)..... →	_____

Make checks payable to: **CITY TREASURER**
 Mail to: **Columbus Income Tax Division**
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Columbus, Ohio 43218-2158

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SOCIAL SECURITY NUMBER	-I
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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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 Mail to: **Columbus Income Tax Division**
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Columbus, Ohio 43218-2158

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Rev. 11/8/17