

Form **BR-18**

City of Columbus, Income Tax Division

Quarterly Statement of Estimated Income Tax Due

2019

EIN/FID NUMBER	
Name _____	
Address _____	
City _____	
State _____	Zip Code _____

PAYMENT & FILING DUE DATES			
<input type="checkbox"/> CALENDAR YEAR- DUE JUNE 15TH	VOUCHER #2		
<input type="checkbox"/> FISCAL YEAR- DUE 15TH DAY OF THE 6TH MONTH OF TAXABLE YEAR			
<input type="checkbox"/> FISCAL YEAR- DUE 15TH DAY OF THE 6TH MONTH OF TAXABLE YEAR	Amount of this quarterly payment:		
<table border="1"> <tr> <td>FISCAL BEGIN DATE*</td> <td>FISCAL END DATE*</td> </tr> </table>	FISCAL BEGIN DATE*	FISCAL END DATE*	
FISCAL BEGIN DATE*	FISCAL END DATE*		
<small>*Required if filing fiscally (MM/DD/YYYY)</small>			

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

Rev. 10/31/2018

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Name _____	
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PAYMENT & FILING DUE DATES			
<input type="checkbox"/> CALENDAR YEAR- DUE SEPTEMBER 15TH	VOUCHER #3		
<input type="checkbox"/> FISCAL YEAR- DUE 15TH DAY OF THE 9TH MONTH OF TAXABLE YEAR			
<input type="checkbox"/> FISCAL YEAR- DUE 15TH DAY OF THE 9TH MONTH OF TAXABLE YEAR	Amount of this quarterly payment:		
<table border="1"> <tr> <td>FISCAL BEGIN DATE*</td> <td>FISCAL END DATE*</td> </tr> </table>	FISCAL BEGIN DATE*	FISCAL END DATE*	
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PAYMENT & FILING DUE DATES			
<input type="checkbox"/> CALENDAR YEAR- DUE DECEMBER 15TH	VOUCHER #4		
<input type="checkbox"/> FISCAL YEAR- DUE 15TH DAY OF THE 12TH MONTH OF TAXABLE YEAR			
<input type="checkbox"/> FISCAL YEAR- DUE 15TH DAY OF THE 12TH MONTH OF TAXABLE YEAR	Amount of this quarterly payment:		
<table border="1"> <tr> <td>FISCAL BEGIN DATE*</td> <td>FISCAL END DATE*</td> </tr> </table>	FISCAL BEGIN DATE*	FISCAL END DATE*	
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