

Form **BR-18**

City of Columbus, Income Tax Division

# Quarterly Statement of Estimated Income Tax Due

# 2021

EIN/FID NUMBER

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

PAYMENT & FILING DUE DATES			
<input type="checkbox"/> CALENDAR YEAR- DUE JUNE 15TH	<b>VOUCHER #2</b>		
<input type="checkbox"/> FISCAL YEAR- DUE 15TH DAY OF THE 6TH MONTH OF TAXABLE YEAR			
<table border="1"> <tr> <td>FISCAL BEGIN DATE*</td> <td>FISCAL END DATE*</td> </tr> </table>	FISCAL BEGIN DATE*	FISCAL END DATE*	Amount of this quarterly payment:
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: The Columbus Division of Income Tax does NOT accept cash payments*

Rev. 9/29/2020

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Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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State \_\_\_\_\_ Zip Code \_\_\_\_\_

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