

SOCIAL SECURITY NUMBER	<b>-I</b>
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PAYMENT DUE ON	<b>JUNE 15, 2016</b>	#	<b>2</b>
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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](http://www.columbus-tax.net)

Rev. 6/18/15

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PAYMENT DUE ON	<b>SEPTEMBER 15, 2016</b>	#	<b>3</b>
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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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PAYMENT DUE ON	<b>DECEMBER 15, 2016</b>	#	<b>4</b>
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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

**VOUCHER 4 - (CALENDAR YEAR - DUE DECEMBER 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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