

EIN/FID NUMBER

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PAYMENT DUE ON

Calendar Yr: June 15	Fiscal Yr:	# 2
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NAME AND ADDRESS:

VOUCHER 2 - (CALENDAR YEAR - DUE JUNE 15)	
Fiscal year taxpayers, see instructions to determine the due date and show the year-end (month and year) of the year which this estimated tax payment should be applied to: _____	Overpayment from last year's taxes applied to this year's estimated taxes: \$ _____
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)..... →	\$ _____

Rev. 10/5/10

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.columbustax.net

EIN/FID NUMBER

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PAYMENT DUE ON

Calendar Yr: September 15	Fiscal Yr:	# 3
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NAME AND ADDRESS:

VOUCHER 3 - (CALENDAR YEAR - DUE SEPTEMBER 15)	
Fiscal year taxpayers, see instructions to determine the due date and show the year-end (month and year) of the year which this estimated tax payment should be applied to: _____	Overpayment from last year's taxes applied to this year's estimated taxes: \$ _____
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

Calendar Yr: December 15	Fiscal Yr:	# 4
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NAME AND ADDRESS:

VOUCHER 4 - (CALENDAR YEAR - DUE DECEMBER 15)	
Fiscal year taxpayers, see instructions to determine the due date and show the year-end (month and year) of the year which this estimated tax payment should be applied to: _____	Overpayment from last year's taxes applied to this year's estimated taxes: \$ _____
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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