

SOCIAL SECURITY NUMBER

PAYMENT DUE ON **JULY 31** # **2**

NAME AND ADDRESS:

**VOUCHER 2 - (CALENDAR YEAR - DUE JULY 31)**

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.columbusax.net](http://www.columbusax.net)*

SOCIAL SECURITY NUMBER

PAYMENT DUE ON **OCTOBER 31** # **3**

NAME AND ADDRESS:

**VOUCHER 3 - (CALENDAR YEAR - DUE OCTOBER 31)**

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**  
**PO Box 182158**  
**Columbus, Ohio 43218-2158**

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SOCIAL SECURITY NUMBER

PAYMENT DUE ON **JANUARY 31, 2012** # **4**

NAME AND ADDRESS:

**VOUCHER 4 - (CALENDAR YEAR - DUE JANUARY 31, 2012)**

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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