

VILLAGE OF JAMESTOWN

ESTIMATED TAX VOUCHER

DIV. OF INCOME TAX

CALENDAR YEAR SCHEDULE FOR PAYING ESTIMATED TAX IN INSTALLMENTS

(1) APRIL 15 (2) JUNE 15 (3) SEPT. 15 (4) DEC. 15

FISCAL YEAR TAXPAYERS SUBSTITUTE CORRESPONDING MONTHS.

MAKE CHECKS PAYABLE TO: **VILLAGE OF JAMESTON**
P.O. Box 148
Jamestown, Ohio 45335

PLEASE ENTER SOCIAL SECURITY OR
FEDERAL I.D. NUMBER IN BOX

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TAX YEAR

20 _____

OR FISCAL YEAR ENDING _____

PAYMENT ENCLOSED \$ _____

FOR OFFICE USE

DATE RECEIVED _____

PAYMENT TYPE _____

FILING PERIOD _____

AMT. REC'D _____

JIT2100

VILLAGE OF JAMESTOWN

ESTIMATED TAX VOUCHER

DIV. OF INCOME TAX

CALENDAR YEAR SCHEDULE FOR PAYING ESTIMATED TAX IN INSTALLMENTS

(1) APRIL 15 (2) JUNE 15 (3) SEPT. 15 (4) DEC. 15

FISCAL YEAR TAXPAYERS SUBSTITUTE CORRESPONDING MONTHS.

MAKE CHECKS PAYABLE TO: **VILLAGE OF JAMESTON**
P.O. Box 148
Jamestown, Ohio 45335

PLEASE ENTER SOCIAL SECURITY OR
FEDERAL I.D. NUMBER IN BOX

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TAX YEAR

20 _____

OR FISCAL YEAR ENDING _____

PAYMENT ENCLOSED \$ _____

FOR OFFICE USE

DATE RECEIVED _____

PAYMENT TYPE _____

FILING PERIOD _____

AMT. REC'D _____

JIT2100

VILLAGE OF JAMESTOWN

ESTIMATED TAX VOUCHER

DIV. OF INCOME TAX

CALENDAR YEAR SCHEDULE FOR PAYING ESTIMATED TAX IN INSTALLMENTS

(1) APRIL 15 (2) JUNE 15 (3) SEPT. 15 (4) DEC. 15

FISCAL YEAR TAXPAYERS SUBSTITUTE CORRESPONDING MONTHS.

MAKE CHECKS PAYABLE TO: **VILLAGE OF JAMESTON**
P.O. Box 148
Jamestown, Ohio 45335

PLEASE ENTER SOCIAL SECURITY OR
FEDERAL I.D. NUMBER IN BOX

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TAX YEAR

20 _____

OR FISCAL YEAR ENDING _____

PAYMENT ENCLOSED \$ _____

FOR OFFICE USE

DATE RECEIVED _____

PAYMENT TYPE _____

FILING PERIOD _____

AMT. REC'D _____

JIT2100

VILLAGE OF JAMESTOWN

ESTIMATED TAX VOUCHER

DIV. OF INCOME TAX

CALENDAR YEAR SCHEDULE FOR PAYING ESTIMATED TAX IN INSTALLMENTS

(1) APRIL 15 (2) JUNE 15 (3) SEPT. 15 (4) DEC. 15

FISCAL YEAR TAXPAYERS SUBSTITUTE CORRESPONDING MONTHS.

MAKE CHECKS PAYABLE TO: **VILLAGE OF JAMESTON**
P.O. Box 148
Jamestown, Ohio 45335

PLEASE ENTER SOCIAL SECURITY OR
FEDERAL I.D. NUMBER IN BOX

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TAX YEAR

20 _____

OR FISCAL YEAR ENDING _____

PAYMENT ENCLOSED \$ _____

FOR OFFICE USE

DATE RECEIVED _____

PAYMENT TYPE _____

FILING PERIOD _____

AMT. REC'D _____