

CITY OF MASSILLON
INCOME TAX DEPARTMENT
P.O. BOX 910
MASSILLON, OHIO 44648-0910

CITY OF MASSILLON, OHIO
QUARTERLY ESTIMATED PAYMENT VOUCHER
1st Quarter - Individuals

\$

AMOUNT PAID

File #

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 4-15-
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TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ _____   
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

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CARDHOLDER

Name & Address

CITY OF MASSILLON
INCOME TAX DEPARTMENT
P.O. BOX 910
MASSILLON, OHIO 44648-0910

CITY OF MASSILLON, OHIO
QUARTERLY ESTIMATED PAYMENT VOUCHER
2nd Quarter - Individuals

\$

AMOUNT PAID

File #

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 6-15-
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TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ _____   
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

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CARDHOLDER

Name & Address

CITY OF MASSILLON
INCOME TAX DEPARTMENT
P.O. BOX 910
MASSILLON, OHIO 44648-0910

CITY OF MASSILLON, OHIO
QUARTERLY ESTIMATED PAYMENT VOUCHER
3rd Quarter - Individuals

\$

AMOUNT PAID

File #

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 9-15-
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TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ _____   
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

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CARDHOLDER

Name & Address

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INCOME TAX DEPARTMENT
P.O. BOX 910
MASSILLON, OHIO 44648-0910

CITY OF MASSILLON, OHIO
QUARTERLY ESTIMATED PAYMENT VOUCHER
4th Quarter - Individuals

\$

AMOUNT PAID

File #

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 12-15-
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TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ _____   
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

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CARDHOLDER

Name & Address
