

SOCIAL SECURITY NUMBER **-IJ**

PAYMENT DUE ON **June 15, 2020**

Name _____
Address _____
City _____
State _____ Zip Code _____

Make checks payable to: **CITY TREASURER**
Mail to: **Columbus Income Tax Division**
PO Box 182158
Columbus, Ohio 43218-2158

VOUCHER #2	
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)..... ➔	_____

Note: DO NOT SEND CASH THROUGH U.S. MAIL

Rev. 10/23/19

SOCIAL SECURITY NUMBER **-IJ**

PAYMENT DUE ON **September 15, 2020**

Name _____
Address _____
City _____
State _____ Zip Code _____

Make checks payable to: **CITY TREASURER**
Mail to: **Columbus Income Tax Division**
PO Box 182158
Columbus, Ohio 43218-2158

VOUCHER #3	
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)..... ➔	_____

Note: DO NOT SEND CASH THROUGH U.S. MAIL

Rev. 10/23/19

SOCIAL SECURITY NUMBER **-IJ**

PAYMENT DUE ON **January 15, 2021**

Name _____
Address _____
City _____
State _____ Zip Code _____

Make checks payable to: **CITY TREASURER**
Mail to: **Columbus Income Tax Division**
PO Box 182158
Columbus, Ohio 43218-2158

VOUCHER #4	
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)..... ➔	_____

Note: DO NOT SEND CASH THROUGH U.S. MAIL

Rev. 10/23/19