

The Name and Address shown below are as they appear on our records. Please make necessary corrections.

ACCT. NUMBER:

SS#/FID#: _____

Calendar Year Due Date July 15, 2009 or Fiscal Date

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

1. 2009 NET ESTIMATED TAX\$ _____

2. LESS PREVIOUS PAYMENTS TO DATE\$ _____

3. BALANCE 2009 ESTIMATED TAX DUE (line 1 less line 2)\$ _____

AMOUNT OF THIS QUARTERLY INSTALLMENT\$ _____ (Not less than 1/3 of line 3)

TO PAY BY CHARGE CARD: Enter number and expiration date fully and accurately. Please circle:

ACCT. No. [grid] EXP. DATE: _____ AMT. CHARGED \$ _____

Taxpayer Check No. _____ Taxpayer Must Sign Here → _____ Date _____

Return This Voucher & Make Payable to: City of Pickerington Division of Taxation 100 Lockville Rd. Pickerington, OH 43147

The Name and Address shown below are as they appear on our records. Please make necessary corrections.

ACCT. NUMBER:

SS#/FID#: _____

Calendar Year Due Date October 15, 2009 or Fiscal Date

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

1. 2009 NET ESTIMATED TAX\$ _____

2. LESS PREVIOUS PAYMENTS TO DATE\$ _____

3. BALANCE 2009 ESTIMATED TAX DUE (line 1 less line 2)\$ _____

AMOUNT OF THIS QUARTERLY INSTALLMENT\$ _____ (Not less than 1/2 of line 3)

TO PAY BY CHARGE CARD: Enter number and expiration date fully and accurately. Please circle:

ACCT. No. [grid] EXP. DATE: _____ AMT. CHARGED \$ _____

Taxpayer Check No. _____ Taxpayer Must Sign Here → _____ Date _____

Return This Voucher & Make Payable to: City of Pickerington Division of Taxation 100 Lockville Rd. Pickerington, OH 43147

The Name and Address shown below are as they appear on our records. Please make necessary corrections.

ACCT. NUMBER:

SS#/FID#: _____

Calendar Year Due Date December 15, 2009 or Fiscal Date

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

1. 2009 NET ESTIMATED TAX\$ _____

2. LESS PREVIOUS PAYMENTS TO DATE\$ _____

3. BALANCE 2009 ESTIMATED TAX DUE (line 1 less line 2)\$ _____

AMOUNT OF THIS QUARTERLY INSTALLMENT\$ _____ (Pay Balance Shown on Line 3)

TO PAY BY CHARGE CARD: Enter number and expiration date fully and accurately. Please circle:

ACCT. No. [grid] EXP. DATE: _____ AMT. CHARGED \$ _____

Taxpayer Check No. _____ Taxpayer Must Sign Here → _____ Date _____

Return This Voucher & Make Payable to: City of Pickerington Division of Taxation 100 Lockville Rd. Pickerington, OH 43147