VILLAGE OF JAMESTOWN	ESTIMATED TAX VOUCHER	DIV. OF INCOME TAX	TAX YEAR
CALENDAR YEAR (1) APRIL 15	SCHEDULE FOR PAYING ESTIMATED TA (2) JUNE 15 (3) SEPT. 15 (X IN INSTALLMENTS 4) DEC. 15	20
FISCAL YEAR TAXPAYERS SUBSTITUTE CORRESPONDING MONTHS.			OR FISCAL YEAR ENDING
MAKE CHECKS PAYABLE TO	VILLAGE OF JAMESTON P.O. Box 148 Jamestown, Ohio 45335		PAYMENT ENCLOSED \$
		D SOCIAL SECLIBITY OR	FOR OFFICE USE
	PLEASE ENTER SOCIAL SECURITY OR FEDERAL I.D. NUMBER IN BOX		DATE RECEIVED
NAME			PAYMENT TYPE
ADDRESS			FILING PERIOD
CITY	STATE	ZIP	AMT. REC'D
			JiT2100
VILLAGE OF JAMESTOWN	ESTIMATED TAX VOUCHER	DIV. OF INCOME TAX	TAX YEAR
CALENDAR YEAR (1) APRIL 15	SCHEDULE FOR PAYING ESTIMATED TA (2) JUNE 15 (3) SEPT. 15 (4)		20
(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			OR FISCAL YEAR ENDING
	Jamestown, Ohio 45335		PAYMENT ENCLOSED \$
		R SOCIAL SECURITY OR	FOR OFFICE USE
NAME	J FEDERAL I.D. (NUMBER IN BOX	DATE RECEIVED
			PAYMENT TYPE
ADDRESS		·	FILING PERIOD
CITY	STATE	ZIP	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.			TAX YEAR 20 OR FISCAL YEAR ENDING
MAKE CHECKS PAYABLE TO: VILLAGE OF JAMESTON P.O. Box 148			PAYMENT ENCLOSED \$
	Jamestown, Ohio 45335		FOR OFFICE USE
		R SOCIAL SECURITY OR NUMBER IN BOX	
NAME			DATE RECEIVED PAYMENT TYPE
ADDRESS			FILING PERIOD
		710	AMT. REC'D
CITY	STATE	ŽIP	JIT2100
		and the second s	
VILLAGE OF JAMESTOWN	ESTIMATED TAX VOUCHER	DIV. OF INCOME TAX	TAX YEAR
CALENDAR YEAR SCHEDULE FOR PAYING ESTIMATED TAX IN INSTALLMENTS (1) APRIL 15 (2) JUNE 15 (3) SEPT. 15 (4) DEC. 15			20
FISCAL YEAR TAXPAYERS SUBSTITUTE CORRESPONDING MONTHS. MAKE CHECKS PAYABLE TO: VILLAGE OF JAMESTON P.O. Box 148 Jamestown, Ohio 45335			OR FISCAL YEAR ENDING
			PAYMENT ENCLOSED \$
	PLEASE ENTER	R SOCIAL SECURITY OR	FOR OFFICE USE
	FEDERAL I.D. N	IUMBER IN BOX	DATE RECEIVED
NAME			PAYMENT TYPE
ADDRESS			FILING PERIOD
CITY	STATE	ZIP	AMI, ILOU