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.			OR FISCAL YEAR ENDING	
MAKE CHECKS PAYABLE TO: VILLAGE OF JAMESTON P.O. Box 148 Jamestown, Ohio 45335			PAYMENT ENCLOSED \$	
	PLEASE ENTER S	OCIAL SECURITY OR	FOR OFFICE USE	
	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 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.			OR FISCAL YEAR ENDING	
MAKE CHECKS PAYABLE TO: VILLAGE OF JAMESTON P.O. Box 148			PAYMENT ENCLOSED \$	
	Jamestown, Ohio 45335		FOR OFFICE USE	
	PLEASE ENTER S FEDERAL I.D. NUM	OCIAL SECURITY OR IBER IN BOX	DATE RECEIVED	
NAME			PAYMENT TYPE	
ADDRESS	<u> </u>		FILING PERIOD	
CITY	STATE	ZIP	AMT. REC'D	
				JIT2100
	ESTIMATED TAX VOUCHER CHEDULE FOR PAYING ESTIMATED TAX IN (2) JUNE 15 (3) SEPT. 15 (4) D	DIV. OF INCOME TAX INSTALLMENTS EC. 15	TAX YEAR 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 \$	
	PLEASE ENTER SOCIAL SECURITY OR		FOR OFFICE USE	
	FEDERAL I.D. NUM		DATE RECEIVED	
NAME			PAYMENT TYPE	
ADDRESS	~		FILING PERIOD	
CITY	STATE	ZIP	AMT. REC'D	JIT2100
VOLUME OF TAMESTOWN	ESTIMATED TAX VOUCHER	DIV. OF INCOME TAX	TAV VEAD	
	CHEDULE FOR PAYING ESTIMATED TAX IN		TAX YEAR 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 \$		
	PLEASE ENTER SOCIAL SECURITY OR		FOR OFFICE USE	
		FEDERAL I.D. NUMBER IN BOX		
NAME		· · · · · · · · · · · · · · · · · · ·	PAYMENT TYPE	
ADDRESS			FILING PERIOD	
CITY	STATE	ZIP	AMT. REC'D	