VILLAGE OF JAMESTOWN	ESTIMATED TA		DIV. OF INCOME TAX	TAX YEAR	
CALENDAR YEAR (1) APRIL 15	SCHEDULE FOR PAYIN (2) JUNE 15 (3)			20	
FISCAL YEAR TAXPAYERS SUBSTITUTE CORRESPONDING MONTHS.				OR FISCAL YEAR ENDING	
MAKE CHECKS PAYABLE TO:	P.O. Box 148			PAYMENT ENCLOSED \$	······································
•	Jamestown, Ohio 45	335			
			OCIAL SECURITY OR	FOR OFFICE USE	
NAME		FEDERAL I.D. NUM	REH IN ROX	DATE RECEIVED	
				PAYMENT TYPE	
ADDRESS		· · · · · · · · · · · · · · · · · · ·		FILING PERIOD	
CITY		STATE	ZIP	AMT. REC'D	JIT2100
	•				3112100
VILLAGE OF JAMESTOWN	ESTIMATED TA	X 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 SU		OR FISCAL YEAR ENDING			
MAKE CHECKS PAYABLE TO:	VILLAGE OF JAMES	TON			
	Jamestown, Ohio 453	335		PAYMENT ENCLOSED \$	
<u> </u>	1	PLEASE ENTER SO	CIAL SECURITY OR	FOR OFFICE USE	
		FEDERAL I.D. NUM	BER IN BOX	DATE RECEIVED	
NAME				PAYMENT TYPE	
ADDRESS	· · · · · · · · · · · · · · · · · · ·			FILING PERIOD	
CITY		STATE	ZIP	AMT. REC'D	
					JIT2100
	,				
VILLAGE OF JAMESTOWN	ESTIMATED TAX		DIV. OF INCOME TAX	TAX YEAR	
(1) APRIL 15	CHEDULE FOR PAYING (2) JUNE 15 (3)	SEPT. 15 (4) DE		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 SOCIAL SECURITY OR FEDERAL I.D. NUMBER IN BOX			FOR OFFICE USE	
NAME				DATE RECEIVED	
ADDDCOO	-	****	,	PAYMENT TYPE FILING PERIOD	
ADDRESS				AMT. REC'D	
CITY	····	STATE	ZIP	AND THE DECEMBER OF THE PARTY O	JIT2100
MILLAGE OF TARRECTOWN	ECTIMATED TAV	VOUCHER	DIL OF BIOOMETAY	TAVVEAD	
VILLAGE OF JAMESTOWN CALENDAR YEAR S	ESTIMATED TAX CHEDULE FOR PAYING		DIV. OF INCOME TAX NSTALLMENTS	TAX YEAR	
. (1) APRIL 15	(2) JUNE 15 (3) S	SEPT. 15 (4) DE	C. 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 SOCIAL SECURITY OR			FOR OFFICE USE	
		FEDERAL I.D. NUMBER IN BOX		DATE RECEIVED	
NAME		,		PAYMENT TYPE	
ADDRESS		<u> </u>		FILING PERIOD	
CITY		CTATE	710	AMT. REC'D	