

DECLARATION OF ESTIMATED MC COMB INCOME TAX
VILLAGE OF McCOMB, OHIO—INCOME TAX DEPARTMENT

Taxpayer name & address _____

Federal Tax ID# _____

- 1. Total income subject to McComb Tax _____
- 2. McComb Tax (1% of line 1) _____
- 3. Less: tax to be withheld or paid to another city _____
- 4. Balance McComb estimated tax _____
- 5. Less: Previous year's overpayment _____
- 6. Net tax due _____
- 7. Amount paid this filing _____
(not less than ¼ of line 6)

Make check payable to:
**VILLAGE OF MCCOMB
INCOME TAX**

Payable at:
**First Federal Bank
McComb, OH 45858**

Quarter Ending Due On Or Before

1st. Qtr.

Signature of Taxpayer _____

Date _____

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VILLAGE OF McCOMB, OHIO—INCOME TAX DEPARTMENT

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2. McComb Tax (1% of line 1) _____

3. Less: tax to be withheld or paid to
another city _____

4. Balance McComb estimated tax _____

5. Less: Previous year's overpayment _____

6. Net tax due _____

7. Amount paid this filing _____
(not less than 1/4 of line 6)

Make check payable to:
**VILLAGE OF MCCOMB
INCOME TAX**

Payable at:
**First Federal Bank
McComb, OH 45858**

Quarter Ending Due On Or Before

4th. Qtr.

Signature of Taxpayer _____

Date _____

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DECLARATION OF ESTIMATED MC COMB INCOME TAX
VILLAGE OF McCOMB, OHIO—INCOME TAX DEPARTMENT

Taxpayer name & address _____

Federal Tax ID# _____

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(not less than ¼ of line 6)

Make check payable to:
**VILLAGE OF MCCOMB
INCOME TAX**

Payable at:
**First Federal Bank
McComb, OH 45858**

Quarter Ending Due On Or Before

3rd. Qtr.

Signature of Taxpayer _____

Date _____

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DECLARATION OF ESTIMATED MC COMB INCOME TAX
VILLAGE OF McCOMB, OHIO—INCOME TAX DEPARTMENT

Taxpayer name & address _____

Federal Tax ID# _____

- 1. Total income subject to McComb Tax _____
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- 4. Balance McComb estimated tax _____
- 5. Less: Previous year's overpayment _____
- 6. Net tax due _____
- 7. Amount paid this filing _____
(not less than ¼ of line 6)

Make check payable to:
**VILLAGE OF MCCOMB
INCOME TAX**

Payable at:
**First Federal Bank
McComb, OH 45858**

Quarter Ending Due On Or Before

2nd. Qtr.

Signature of Taxpayer _____

Date _____

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