

INSTALLMENT VOUCHER — MUNICIPAL INCOME TAX

SOCIAL SECURITY NO. (H) _____ SOCIAL SECURITY NO. (W) _____
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

VOUCHER NO. 1

Due on or before
APRIL 30

Remit 1% of income
earned in Jan-Feb-Mar
or ¼ of estimated tax due.

TAX YEAR _____

AMOUNT OF THIS PAYMENT _____

MAKE CHECK OR MONEY ORDER TO
CITY OF NEW CARLISLE

MAIL TO:
Division of Taxation
P.O. Box 419
New Carlisle, OH 45344-0419

**PENALTY & INTEREST WILL BE
ASSESSED ON LATE PAYMENTS.**

**NOTIFY DIVISION OF TAXATION OF
ANY CHANGE IN OWNERSHIP OR
NAME & ADDRESS**

INSTALLMENT VOUCHER — MUNICIPAL INCOME TAX

SOCIAL SECURITY NO. (H) _____ SOCIAL SECURITY NO. (W) _____
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

VOUCHER NO. 2

Due on or before
JULY 31

Remit 1% of income
earned in Apr-May-June
or ¼ of estimated tax due.

TAX YEAR _____

AMOUNT OF THIS PAYMENT _____

MAKE CHECK OR MONEY ORDER TO
CITY OF NEW CARLISLE

MAIL TO:
Division of Taxation
P.O. Box 419
New Carlisle, OH 45344-0419

**PENALTY & INTEREST WILL BE
ASSESSED ON LATE PAYMENTS.**

**NOTIFY DIVISION OF TAXATION OF
ANY CHANGE IN OWNERSHIP OR
NAME & ADDRESS**

INSTALLMENT VOUCHER — MUNICIPAL INCOME TAX

SOCIAL SECURITY NO. (H) _____ SOCIAL SECURITY NO. (W) _____
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

VOUCHER NO. 3

Due on or before
OCTOBER 31

Remit 1% of income
earned in Jul-Aug-Sept
or ¼ of estimated tax due.

TAX YEAR _____

AMOUNT OF THIS PAYMENT _____

MAKE CHECK OR MONEY ORDER TO
CITY OF NEW CARLISLE

MAIL TO:
Division of Taxation
P.O. Box 419
New Carlisle, OH 45344-0419

**PENALTY & INTEREST WILL BE
ASSESSED ON LATE PAYMENTS.**

**NOTIFY DIVISION OF TAXATION OF
ANY CHANGE IN OWNERSHIP OR
NAME & ADDRESS**

INSTALLMENT VOUCHER — MUNICIPAL INCOME TAX

SOCIAL SECURITY NO. (H) _____ SOCIAL SECURITY NO. (W) _____
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

VOUCHER NO. 4

Due on or before
JANUARY 31

Remit 1% of income
earned in Oct-Nov-Dec
or ¼ of estimated tax due.

TAX YEAR _____

AMOUNT OF THIS PAYMENT _____

MAKE CHECK OR MONEY ORDER TO
CITY OF NEW CARLISLE

MAIL TO:
Division of Taxation
P.O. Box 419
New Carlisle, OH 45344-0419

**PENALTY & INTEREST WILL BE
ASSESSED ON LATE PAYMENTS.**

**NOTIFY DIVISION OF TAXATION OF
ANY CHANGE IN OWNERSHIP OR
NAME & ADDRESS**