FORMS AVAILABLE ON INTERNET AT www.ci.springfield.oh.us
CITY OF SPRINGFIELD, OHIO QUARTERLY NOTICE OF INSTALLMENT DUE ON ESTIMATED TAX DECLARED

# VOUCHER 3

*CALENDAR YEAR* - DUE OCTOBER 31

*FISCAL YEAR* - DUE 15 DAYS AFTER END OF QUARTER

MAKE CHECK OR MONEY ORDER PAYABLE TO:

**MAIL TO →** **CITY OF SPRINGFIELD, INCOME TAX DIVISION**
P.O. BOX 5200, SPRINGFIELD, OHIO 45501-5200
TELEPHONE (937) 324-7357

CANCELLED CHECK WILL BE YOUR RECEIPT
DO NOT REMIT CASH BY MAIL

TOTAL ESTIMATED TAX DECLARED: $.....

QUARTERLY PAYMENT ENCLOSED: $.....

NAME(S) AND ADDRESS:

SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER:

**Q-1 NOTIFY INCOME TAX DIVISION PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE**

**METHOD OF PAYMENT**

☐ Check ☐ VISA ☐ MasterCard

$ _____ (Amount Authorized)

CREDIT CARD EXPIRATION DATE ____ / ____ / ____

PHONE NUMBER _____ HOME _____ WORK

_____
CARDHOLDER SIGNATURE

FORMS AVAILABLE ON INTERNET AT www.ci.springfield.oh.us
CITY OF SPRINGFIELD, OHIO QUARTERLY NOTICE OF INSTALLMENT DUE ON ESTIMATED TAX DECLARED

# VOUCHER 4

*CALENDAR YEAR* - DUE JANUARY 31

*FISCAL YEAR* - DUE 15 DAYS AFTER END OF QUARTER

MAKE CHECK OR MONEY ORDER PAYABLE TO:

**MAIL TO →** **CITY OF SPRINGFIELD, INCOME TAX DIVISION**
P.O. BOX 5200, SPRINGFIELD, OHIO 45501-5200
TELEPHONE (937) 324-7357

CANCELLED CHECK WILL BE YOUR RECEIPT
DO NOT REMIT CASH BY MAIL

TOTAL ESTIMATED TAX DECLARED: $.....

QUARTERLY PAYMENT ENCLOSED: $.....

NAME(S) AND ADDRESS:

SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER:

**Q-1 NOTIFY INCOME TAX DIVISION PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE**

**METHOD OF PAYMENT**

☐ Check ☐ VISA ☐ MasterCard

$ _____ (Amount Authorized)

CREDIT CARD EXPIRATION DATE ____ / ____ / ____

PHONE NUMBER _____ HOME _____ WORK

_____
CARDHOLDER SIGNATURE

FORMS AVAILABLE ON INTERNET AT www.ci.springfield.oh.us
CITY OF SPRINGFIELD, OHIO QUARTERLY NOTICE OF INSTALLMENT DUE ON ESTIMATED TAX DECLARED

# VOUCHER 2

*CALENDAR YEAR* - DUE JULY 31

*FISCAL YEAR* - DUE 15 DAYS AFTER END OF QUARTER

MAKE CHECK OR MONEY ORDER PAYABLE TO:

**MAIL TO →** **CITY OF SPRINGFIELD, INCOME TAX DIVISION**
P.O. BOX 5200, SPRINGFIELD, OHIO 45501-5200
TELEPHONE (937) 324-7357

CANCELLED CHECK WILL BE YOUR RECEIPT
DO NOT REMIT CASH BY MAIL

TOTAL ESTIMATED TAX DECLARED: $.....

QUARTERLY PAYMENT ENCLOSED: $.....

NAME(S) AND ADDRESS:

SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER:

**Q-1 NOTIFY INCOME TAX DIVISION PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE**

**METHOD OF PAYMENT**

☐ Check ☐ VISA ☐ MasterCard

$ _____ (Amount Authorized)

CREDIT CARD EXPIRATION DATE ____ / ____ / ____

PHONE NUMBER _____ HOME _____ WORK

_____
CARDHOLDER SIGNATURE

FORMS AVAILABLE ON INTERNET AT www.ci.springfield.oh.us
CITY OF SPRINGFIELD, OHIO QUARTERLY NOTICE OF INSTALLMENT DUE ON ESTIMATED TAX DECLARED

# VOUCHER 1

*CALENDAR YEAR* - DUE APRIL 15

*FISCAL YEAR* - DUE 15 DAYS AFTER END OF QUARTER

MAKE CHECK OR MONEY ORDER PAYABLE TO:

**MAIL TO →** **CITY OF SPRINGFIELD, INCOME TAX DIVISION**
P.O. BOX 5200, SPRINGFIELD, OHIO 45501-5200
TELEPHONE (937) 324-7357

CANCELLED CHECK WILL BE YOUR RECEIPT
DO NOT REMIT CASH BY MAIL

TOTAL ESTIMATED TAX DECLARED: $.....

QUARTERLY PAYMENT ENCLOSED: $.....

NAME(S) AND ADDRESS:

SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER:

**Q-1 NOTIFY INCOME TAX DIVISION PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE**

**METHOD OF PAYMENT**

☐ Check ☐ VISA ☐ MasterCard

$ _____ (Amount Authorized)

CREDIT CARD EXPIRATION DATE ____ / ____ / ____

PHONE NUMBER _____ HOME _____ WORK

_____
CARDHOLDER SIGNATURE