

CITY OF ORRVILLE
QUARTERLY STATEMENT
FOR PAYMENT OF ESTIMATED CITY INCOME TAX

VOUCHER 2

Acct No# _____ Due on or before _____ SSN/Fed ID No. _____

I declare that this return has been examined by me. And to the best of my knowledge and belief it is a true, correct and complete return made in good faith.

- 1. Amount of this estimated payment _____
- 2. Amount of unused overpayment credit Applied to this installment _____
- 3. Pay this amount (line 1 less line 2) _____

Signature and title _____ date _____

Taxpayer name and address:

Make check payable and mail to:

**CITY OF ORRVILLE
P O BOX 61
ORRVILLE, OH 44667**

FORM Q1

CITY OF ORRVILLE
QUARTERLY STATEMENT
FOR PAYMENT OF ESTIMATED CITY INCOME TAX

VOUCHER 3

Acct No# _____ Due on or before _____ SSN/Fed ID No. _____

I declare that this return has been examined by me. And to the best of my knowledge and belief it is a true, correct and complete return made in good faith.

- 1. Amount of this estimated payment _____
- 2. Amount of unused overpayment credit Applied to this installment _____
- 3. Pay this amount (line 1 less line 2) _____

Signature and title _____ date _____

Taxpayer name and address:

Make check payable and mail to:

**CITY OF ORRVILLE
P O BOX 61
ORRVILLE, OH 44667**

FORM Q1

CITY OF ORRVILLE
QUARTERLY STATEMENT
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VOUCHER 4

Acct No# _____ Due on or before _____ SSN/Fed ID No. _____

I declare that this return has been examined by me. And to the best of my knowledge and belief it is a true, correct and complete return made in good faith.

- 1. Amount of this estimated payment _____
- 2. Amount of unused overpayment credit Applied to this installment _____
- 3. Pay this amount (line 1 less line 2) _____

Signature and title _____ date _____

Taxpayer name and address:

Make check payable and mail to:

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P O BOX 61
ORRVILLE, OH 44667**

FORM Q1

