



**CITY OF WAPAKONETA
ESTIMATED TAX VOUCHER**

City of Residence
Employer or Type Business
Social Security No. or E.I.N.

VERIFY CORRECT NAME(S) AND ADDRESS ARE SHOWN BELOW:

**PAYMENT NO. 2 – DUE JULY 15
(or 7 months after fiscal year end)**

Estimated Tax for Year Ending ..

Amount of this payment \$
(equals 22.5% of total estimated tax for year)

TAXPAYER'S SIGNATURE _____ DATE _____

TELEPHONE _____

MAKE CHECK PAYABLE TO:
CITY OF WAPAKONETA
INCOME TAX DEPT.
701 PARLETTE COURT
P O BOX 269
WAPAKONETA, OH 45895-0269

FOR USE BY THE TAXPAYERS WITH INCOME OTHER THAN W-2'S



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VERIFY CORRECT NAME(S) AND ADDRESS ARE SHOWN BELOW:

**PAYMENT NO. 3 – DUE OCT 15
(or 10 months after fiscal year end)**

Estimated Tax for Year Ending ..

Amount of this payment \$
(equals 22.5% of total estimated tax for year)

TAXPAYER'S SIGNATURE _____ DATE _____

TELEPHONE _____

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VERIFY CORRECT NAME(S) AND ADDRESS ARE SHOWN BELOW:

**PAYMENT NO. 4 – DUE DEC 15
(or 12 months after fiscal year end)**

Estimated Tax for Year Ending ..

Amount of this payment \$
(equals 22.5% of total estimated tax for year)

TAXPAYER'S SIGNATURE _____ DATE _____

TELEPHONE _____

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