



**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 JAN 15**  
**(or 13 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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