

CITY OF NAPOLEON

Estimated Tax – 2007

1

FOR CALENDAR YEAR 2006 OR FISCAL YEAR _____

CITY OF RESIDENCE _____ NAME OF EMPLOYER OR BUSINESS TYPE _____

S.S.#/FED. I.D.# _____

PAYMENT NO. 1 DUE APRIL 15, 2007
OR FISCAL DATE _____

Estimated Tax For The Year Ending _____ (A) \$ _____
(Line 3 of Worksheet)
Amount Due This Quarter (B) \$ _____
Less Unused Overpayment (C) \$ (_____)
Amount of This Payment (D) \$ _____

Taxpayer's Signature _____ Date _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NAPOLEON, OHIO – INCOME TAX
419-599-2821
MAIL TO: INCOME TAX DEPARTMENT
255 W. RIVERVIEW AVE.
P.O. BOX 151
NAPOLEON, OHIO 43545-0151

CITY OF NAPOLEON

Estimated Tax – 2007

2

FOR CALENDAR YEAR 2006 OR FISCAL YEAR _____

CITY OF RESIDENCE _____ NAME OF EMPLOYER OR BUSINESS TYPE _____

S.S.#/FED. I.D.# _____

PAYMENT NO. 2 DUE JULY 31, 2007
OR FISCAL DATE _____

Estimated Tax For The Year Ending _____ (A) \$ _____
Amount Due This Quarter (B) \$ _____
Less Unused Overpayment (C) \$ (_____)
Amount of This Payment (D) \$ _____

Taxpayer's Signature _____ Date _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
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419-599-2821
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CITY OF NAPOLEON

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3

FOR CALENDAR YEAR 2006 OR FISCAL YEAR _____

CITY OF RESIDENCE _____ NAME OF EMPLOYER OR BUSINESS TYPE _____

S.S.#/FED. I.D.# _____

PAYMENT NO. 3 DUE OCT. 31, 2007
OR FISCAL DATE _____

Estimated Tax For The Year Ending _____ (A) \$ _____
Amount Due This Quarter (B) \$ _____
Less Unused Overpayment (C) \$ (_____)
Amount of This Payment (D) \$ _____

Taxpayer's Signature _____ Date _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NAPOLEON, OHIO – INCOME TAX
419-599-2821
MAIL TO: INCOME TAX DEPARTMENT
255 W. RIVERVIEW AVE.
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CITY OF NAPOLEON

Estimated Tax – 2007

4

FOR CALENDAR YEAR 2006 OR FISCAL YEAR _____

CITY OF RESIDENCE _____ NAME OF EMPLOYER OR BUSINESS TYPE _____

S.S.#/FED. I.D.# _____

PAYMENT NO. 4 DUE JANUARY 31, 2008
OR FISCAL DATE _____

Estimated Tax For The Year Ending _____ (A) \$ _____
Amount Due This Quarter (B) \$ _____
Less Unused Overpayment (C) \$ (_____)
Amount of This Payment (D) \$ _____

Taxpayer's Signature _____ Date _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NAPOLEON, OHIO – INCOME TAX
419-599-2821
MAIL TO: INCOME TAX DEPARTMENT
255 W. RIVERVIEW AVE.
P.O. BOX 151
NAPOLEON, OHIO 43545-0151