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**INDIVIDUAL QUARTERLY ESTIMATED INCOME TAX COUPON
CITY OF GAHANNA ESTIMATED TAX – 2009
1ST QUARTER PAYMENT DUE 04-15-09**



Be sure your name, address and social security number appear on each voucher before mailing



VISA/MasterCard/Discover/American Express Accepted

Card # _____

Exp. Date _____

Card Verification # (3 Digit) _____

Name on Card _____

Signature _____

Quarter and Year _____

Amount of this installment \$ _____

Social Security No. _____

MAKE REMITTANCE PAYABLE TO: CITY OF GAHANNA • MAIL TO: CITY OF GAHANNA, INCOME TAX DEPARTMENT, PO BOX 640308, CINCINNATI OH 45264

2

**INDIVIDUAL QUARTERLY ESTIMATED INCOME TAX COUPON
CITY OF GAHANNA ESTIMATED TAX – 2009
2ND QUARTER PAYMENT DUE 07-31-09**



Be sure your name, address and social security number appear on each voucher before mailing



VISA/MasterCard/Discover/American Express Accepted

Card # _____

Exp. Date _____

Card Verification # (3 Digit) _____

Name on Card _____

Signature _____

Quarter and Year _____

Amount of this installment \$ _____

Social Security No. _____

MAKE REMITTANCE PAYABLE TO: CITY OF GAHANNA • MAIL TO: CITY OF GAHANNA, INCOME TAX DEPARTMENT, PO BOX 640308, CINCINNATI OH 45264

3

**INDIVIDUAL QUARTERLY ESTIMATED INCOME TAX COUPON
CITY OF GAHANNA ESTIMATED TAX – 2009
3RD QUARTER PAYMENT DUE 10-31-09**



Be sure your name, address and social security number appear on each voucher before mailing



VISA/MasterCard/Discover/American Express Accepted

Card # _____

Exp. Date _____

Card Verification # (3 Digit) _____

Name on Card _____

Signature _____

Quarter and Year _____

Amount of this installment \$ _____

Social Security No. _____

MAKE REMITTANCE PAYABLE TO: CITY OF GAHANNA • MAIL TO: CITY OF GAHANNA, INCOME TAX DEPARTMENT, PO BOX 640308, CINCINNATI OH 45264

4

**INDIVIDUAL QUARTERLY ESTIMATED INCOME TAX COUPON
CITY OF GAHANNA ESTIMATED TAX – 2009
4TH QUARTER PAYMENT DUE 01-31-10**



Be sure your name, address and social security number appear on each voucher before mailing



VISA/MasterCard/Discover/American Express Accepted

Card # _____

Exp. Date _____

Card Verification # (3 Digit) _____

Name on Card _____

Signature _____

Quarter and Year _____

Amount of this installment \$ _____

Social Security No. _____

MAKE REMITTANCE PAYABLE TO: CITY OF GAHANNA • MAIL TO: CITY OF GAHANNA, INCOME TAX DEPARTMENT, PO BOX 640308, CINCINNATI OH 45264