



CITY OF MASSILLON
INCOME TAX DEPARTMENT
P.O. BOX 910
MASSILLON, OHIO 44648-0910

CITY OF MASSILLON, OHIO
QUARTERLY ESTIMATE PAYMENT COUPON
2009 1st Quarter

\$

AMOUNT PAID

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ _____  
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

CARDHOLDER

File #

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 4-30-2009
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Name & Address



CITY OF MASSILLON
INCOME TAX DEPARTMENT
P.O. BOX 910
MASSILLON, OHIO 44648-0910

CITY OF MASSILLON, OHIO
QUARTERLY ESTIMATE PAYMENT COUPON
2009 2nd Quarter

\$

AMOUNT PAID

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ _____  
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

CARDHOLDER

File #

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 7-30-2009
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Name & Address



CITY OF MASSILLON
INCOME TAX DEPARTMENT
P.O. BOX 910
MASSILLON, OHIO 44648-0910

CITY OF MASSILLON, OHIO
QUARTERLY ESTIMATE PAYMENT COUPON
2009 3rd Quarter

\$

AMOUNT PAID

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ _____  
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

CARDHOLDER

File #

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 10-30-2009
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Name & Address



CITY OF MASSILLON
INCOME TAX DEPARTMENT
P.O. BOX 910
MASSILLON, OHIO 44648-0910

CITY OF MASSILLON, OHIO
QUARTERLY ESTIMATE PAYMENT COUPON
2009 4th Quarter

\$

AMOUNT PAID

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ _____  
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

CARDHOLDER

File #

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 1-30-2010
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Name & Address