

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

CITY OF MASSILLON, OHIO
QUARTERLY ESTIMATE PAYMENT COUPON
2011 1st Quarter

\$

AMOUNT PAID

File #

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 4-30-2011
------------------------	---------------------	--------------------------------------

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$   
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

CARDHOLDER

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

CITY OF MASSILLON, OHIO
QUARTERLY ESTIMATE PAYMENT COUPON
2011 2nd Quarter

\$

AMOUNT PAID

File #

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 7-30-2011
------------------------	---------------------	--------------------------------------

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$   
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

CARDHOLDER

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

CITY OF MASSILLON, OHIO
QUARTERLY ESTIMATE PAYMENT COUPON
2011 3rd Quarter

\$

AMOUNT PAID

File #

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 10-30-2011
------------------------	---------------------	---------------------------------------

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$   
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

CARDHOLDER

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

CITY OF MASSILLON, OHIO
QUARTERLY ESTIMATE PAYMENT COUPON
2011 4th Quarter

\$

AMOUNT PAID

File #

Taxpayer Soc. Sec. No.	Spouses Soc. Sec. #	Due on or Before 1-30-2012
------------------------	---------------------	--------------------------------------

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$   
(Amount Authorized)

CREDIT CARD EXPIRATION DATE _____ / _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

CARDHOLDER