

DI-20 _____

GREEN SPRINGS INCOME TAX DEPT.
120 CATHERINE ST., P.O. BOX 536, GREEN SPRINGS, OH 44836
ESTIMATED GREEN SPRINGS INCOME TAX VOUCHER

FOR CALENDAR YEAR 20__ OR FISCAL PERIOD

CITY OF RESIDENCE _____

NAME OF EMPLOYER _____

NATURE OF BUSINESS _____

Voucher 1

Due April 30

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

1. Estimated tax.....
2. Balance of declaration payable.....
3. Amount enclosed (¼ of line 2).....

If this is an original declaration-voucher, file even though line 2 is zero.

*Sign 

Your Signature

DI-20 _____

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Voucher 2

Due June 30

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

1. Estimated tax.....
2. Balance of declaration payable.....
3. Amount enclosed (¼ of line 2).....

If this is an original declaration-voucher, file even though line 2 is zero.

*Sign 

Your Signature

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Voucher 3

Due Sept. 30

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

1. Estimated tax.....
2. Balance of declaration payable.....
3. Amount enclosed (¼ of line 2).....

If this is an original declaration-voucher, file even though line 2 is zero.

*Sign 

Your Signature

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Voucher 4

Due Dec. 31

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

1. Estimated tax.....
2. Balance of declaration payable.....
3. Amount enclosed (¼ of line 2).....

If this is an original declaration-voucher, file even though line 2 is zero.

*Sign 

Your Signature