

CITY OF GALLIPOLIS INCOME TAX DEPT. — ESTIMATED TAX
MAIL TO: PO BOX 339, GALLIPOLIS, OH 45631

1. Total Estimated Tax \$ _____
2. Amount Enclosed (1/4 of line 1) \$ _____

Account # _____ SS# or FID# _____
Name _____
Address _____
City, State, Zip _____
Date _____ Telephone # _____

TAX OFFICE USE ONLY	
TOTAL PAID \$	_____
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK _____

PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPT.

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