

QUARTERLY ESTIMATE PAYMENT
2020 2ND QUARTER

Federal Employer Identification No.

Taxpayer's Account #, Name & Address

AMOUNT ENCLOSED

\$

- CALENDAR YEAR _____ ; OR
 FISCAL OR PART-YEAR,
MONTH BEGINNING _____
AND MONTH ENDING _____

QUARTERLY ESTIMATE PAYMENT
2020 3RD QUARTER

Federal Employer Identification No.

Taxpayer's Account #, Name & Address

AMOUNT ENCLOSED

\$

- CALENDAR YEAR _____ ; OR
 FISCAL OR PART-YEAR,
MONTH BEGINNING _____
AND MONTH ENDING _____

QUARTERLY ESTIMATE PAYMENT
2020 4TH QUARTER

Federal Employer Identification No.

Taxpayer's Account #, Name & Address

AMOUNT ENCLOSED

\$

- CALENDAR YEAR _____ ; OR
 FISCAL OR PART-YEAR,
MONTH BEGINNING _____
AND MONTH ENDING _____

**FOR FURTHER ASSISTANCE, VISIT OUR WEBSITE:
WWW.CARLISLEOH.ORG**

**OR CONTACT THE TAX OFFICE AT (937) 746-0556
MON - FRI 8:00 AM - 4:30 PM**

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