MUNICIPALITY OF CARLISLE INCOME TAX DEPARTMENT
760 W. CENTRAL AVE.
CARLISLE OH 45005
WWW.CARLISLEOH.ORG

QUARTERLY ESTIMATE PAYMENT
2016 2ND QUARTER

Federal Employer Identification No. ______ ______ ______ ______ ______

Taxpayer’s Account #, Name & Address

□ CALENDAR YEAR ____________; OR

□ FISCAL OR PART-YEAR,
   MONTH BEGINNING _____________
   AND MONTH ENDING ____________

AMOUNT ENCLOSED $______

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760 W. CENTRAL AVE.
CARLISLE OH 45005
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QUARTERLY ESTIMATE PAYMENT
2016 3RD QUARTER

Federal Employer Identification No. ______ ______ ______ ______ ______

Taxpayer’s Account #, Name & Address

□ CALENDAR YEAR ____________; OR

□ FISCAL OR PART-YEAR,
   MONTH BEGINNING _____________
   AND MONTH ENDING ____________

AMOUNT ENCLOSED $______

MUNICIPALITY OF CARLISLE INCOME TAX DEPARTMENT
760 W. CENTRAL AVE.
CARLISLE OH 45005
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QUARTERLY ESTIMATE PAYMENT
2016 4TH QUARTER

Federal Employer Identification No. ______ ______ ______ ______ ______

Taxpayer’s Account #, Name & Address

□ CALENDAR YEAR ____________; OR

□ FISCAL OR PART-YEAR,
   MONTH BEGINNING _____________
   AND MONTH ENDING ____________

AMOUNT ENCLOSED $______
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