

DI-2006 FOSTORIA INCOME TAX DEPT.
213 SOUTH MAIN ST., FOSTORIA, OHIO 44830-2322
ESTIMATED FOSTORIA INCOME TAX VOUCHER
FOR CALENDAR YEAR 2006 OR FISCAL PERIOD

Voucher 1

CITY OF RESIDENCE _____
NAME OF EMPLOYER _____
NATURE OF BUSINESS _____

1. Estimated tax _____
 2. Deduct overpayment from
prior year to be carried forward _____
 3. Balance of declaration payable _____
 4. Amount enclosed (1/4 of line 3) _____
- (Credit card voucher on reverse side for your convenience.)
If this is an original declaration-voucher,
file even though line 3 is zero.

*Sign 

Your Signature

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Voucher 2

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

1. Estimated tax _____
 2. Deduct overpayment from
prior year to be carried forward _____
 3. Balance of declaration payable _____
 4. Amount enclosed (1/4 of line 3) _____
- (Credit card voucher on reverse side for your convenience.)
If this is an original declaration-voucher,
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*Sign 

Your Signature

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Voucher 3

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

1. Estimated tax _____
 2. Deduct overpayment from
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 3. Balance of declaration payable _____
 4. Amount enclosed (1/4 of line 3) _____
- (Credit card voucher on reverse side for your convenience.)
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Your Signature

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Voucher 4

CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

1. Estimated tax _____
 2. Deduct overpayment from
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 3. Balance of declaration payable _____
 4. Amount enclosed (1/4 of line 3) _____
- (Credit card voucher on reverse side for your convenience.)
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Your Signature