

Quarterly Income Tax Estimate Payment

FID/EIN/SSN

Tax Period Year: 20____

Tax Quarter: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Municipality: _____ CITY CODE

Amount of this installment: _____

Employment Tax ☐ Residence Tax ☐ Net Profit Tax ☐

Municipality: _____ CITY CODE

Amount of this installment: _____

Employment Tax ☐ Residence Tax ☐ Net Profit Tax ☐

Municipality: _____ CITY CODE

Amount of this installment: _____

Employment Tax ☐ Residence Tax ☐ Net Profit Tax ☐

Make checks payable to:

CCA - Division of Taxation

Mail to: Central Collection Agency

PO BOX 94810

Cleveland OH 44101-4810

Total Paid: _____