

DI-2005 FOSTORIA INCOME TAX DEPT.
213 SOUTH MAIN ST., FOSTORIA, OHIO 44830-2322
ESTIMATED FOSTORIA INCOME TAX VOUCHER
FOR CALENDAR YEAR 2005 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.)
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*Sign 

Your Signature

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Voucher 3

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 3. Balance of declaration payable
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Your Signature

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Voucher 4

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 2. Deduct overpayment from
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 3. Balance of declaration payable
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*Sign 

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