

IR QUARTERLY REMITTANCE STUB Q2

PAYMENT AMOUNT \$

Declaration of Estimated Tax

Quarterly Due: **JUNE 17, 2019**

Name and Address	ACCOUNT #

	SOCIAL SECURITY #
	LAST FOUR DIGITS

TO:
CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OHIO 45036-1777



CHARGE CARD INFORMATION

Check One:

Card # (16 digits) _____

Exp. Date _____

Security Code _____

Total Amount Authorized \$ _____

Signature _____

Daytime Phone # (_____) _____

IR QUARTERLY REMITTANCE STUB Q3

PAYMENT AMOUNT \$

Declaration of Estimated Tax

Quarterly Due: **SEPTEMBER 16, 2019**

Name and Address	ACCOUNT #

	SOCIAL SECURITY #
	LAST FOUR DIGITS

TO:
CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OHIO 45036-1777



CHARGE CARD INFORMATION

Check One:

Card # (16 digits) _____

Exp. Date _____

Security Code _____

Total Amount Authorized \$ _____

Signature _____

Daytime Phone # (_____) _____

IR QUARTERLY REMITTANCE STUB Q4

PAYMENT AMOUNT \$

Declaration of Estimated Tax

Quarterly Due: **JANUARY 15, 2020**

Name and Address	ACCOUNT #

	SOCIAL SECURITY #
	LAST FOUR DIGITS

TO:
CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OHIO 45036-1777



CHARGE CARD INFORMATION

Check One:

Card # (16 digits) _____

Exp. Date _____

Security Code _____

Total Amount Authorized \$ _____

Signature _____

Daytime Phone # (_____) _____