<table>
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<th>QUARTER</th>
<th>DUE DATE</th>
<th>CHECK #</th>
<th>DATE</th>
<th>AMOUNT</th>
<th>TOTAL AMT PAID</th>
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</thead>
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<tr>
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</table>

**CITY OF SALEM**

**Estimated Tax**

FOR CALENDAR YEAR ____ OR FISCAL YEAR ____

ACCOUNT NUMBER ________________________________

**PAYMENT NO. 4 DUE FOR INDIVIDUALS**

DEC 15, ____; BUSINESSES DEC 15, ____

**PAYMENT NO. 3 DUE FOR INDIVIDUALS**

SEPT 15, ____; BUSINESSES SEPT 15, ____

**PAYMENT NO. 2 DUE FOR INDIVIDUALS**

JUNE 15, ____; BUSINESSES JUNE 15, ____

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MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF SALEM, OHIO - INCOME TAX
MAIL CITY OF SALEM—INCOME TAX DEPARTMENT
TO: 231 S BROADWAY ST
SALEM, OHIO 44460
PHONE 330-332-4241 EXT 225