

DI-20 GREEN SPRINGS INCOME TAX DEPT.
120 CATHERINE ST., P.O. BOX 536, GREEN SPRINGS, OH 44836
ESTIMATED GREEN SPRINGS INCOME TAX VOUCHER
FOR CALENDAR YEAR 20____ OR FISCAL PERIOD

Voucher 1 **Due April 15**
CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

CITY OF RESIDENCE _____

NAME OF EMPLOYER _____

1. Estimated tax..... _____
 2. Balance of declaration payable..... _____
 3. Amount enclosed (1/4 of line 2)..... _____
- If this is an original declaration-voucher, file even though line 2 is zero.

*Sign 

Your Signature

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Voucher 2 **Due June 15**
CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

CITY OF RESIDENCE _____

NAME OF EMPLOYER _____

1. Estimated tax..... _____
 2. Balance of declaration payable..... _____
 3. Amount enclosed (1/4 of line 2)..... _____
- If this is an original declaration-voucher, file even though line 2 is zero.

*Sign 

Your Signature

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Voucher 3 **Due September 15**
CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

CITY OF RESIDENCE _____

NAME OF EMPLOYER _____

1. Estimated tax..... _____
 2. Balance of declaration payable..... _____
 3. Amount enclosed (1/4 of line 2)..... _____
- If this is an original declaration-voucher, file even though line 2 is zero.

*Sign 

Your Signature

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Voucher 4 **Due December 15**
CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION

CITY OF RESIDENCE _____

NAME OF EMPLOYER _____

1. Estimated tax..... _____
 2. Balance of declaration payable..... _____
 3. Amount enclosed (1/4 of line 2)..... _____
- If this is an original declaration-voucher, file even though line 2 is zero.

*Sign 

Your Signature