

**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 

\_\_\_\_\_  
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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