MAKE CHECK OR MONEY ORDER TO:

CITY OF WHITEHALL, INCOME TAX DIVISION 360 SOUTH YEARLING ROAD WHITEHALL, OHIO 43213-1894 (614) 237-9803, FAX (614) 237-7902

NAME(S) AND ADDRESS:

Account Number

Name

Spouse Address

Email

City/State/Zip

CITY OF WHITEHALL, OHIO 2024 QUARTERLY NOTICE OF INSTALLMENT DUE ON ESTIMATED TAX DECLARED

PAID CHECK WILL BE YOUR RECEIPT - DO NOT REMIT CASH BY MAIL

VOUCHER 4

VOUCHER 3

INDIVIDUALS - JANUARY 15, 2025 OTHERS - DECEMBER 15, 2024 FISCAL - DUE 15TH DAY OF 12TH MONTH

SOCIAL SECURITY NUMB	EER OR FEDERAL TAX I.D. NUMBER:	
TOTAL ESTIMATED TAX DECLARED:	\$	
QUARTERLY PAYMENT ENCLOSED:	\$	
TO PAY BY CREDIT CARD ONLINE OR BY PHONE		

www.whitehall-oh.us.tax/htm • (877) 360-3472
The service provider, charges a nominal fee for this service

Q-1 NOTIFY INCOME TAX DIVISION PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE.

MAKE CHECK OR MONEY ORDER TO:

CITY OF WHITEHALL, INCOME TAX DIVISION 360 SOUTH YEARLING ROAD WHITEHALL, OHIO 43213-1894 (614) 237-9803, FAX (614) 237-7902

CITY OF WHITEHALL, OHIO 2024 QUARTERLY NOTICE OF INSTALLMENT DUE ON ESTIMATED TAX DECLARED

PAID CHECK WILL BE YOUR RECEIPT - DO NOT REMIT CASH BY MAIL

ALLMENT
ARED
SEPTEMBER 15, 2024
FISCAL - DUE 15TH DAY OF
THE 9TH MONTH
CASH BY MAIL

NAME(S) AND ADDRESS:
Account Number
Name
Spouse
Address
City/State/Zip
Email

Q-1 NOTIFY INCOME TAX DIVISION PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE

SOCIAL SECURITY NUMBER OR FEDERAL TAX I.D. NUMBER:

TOTAL ESTIMATED TAX DECLARED:

\$

QUARTERLY PAYMENT ENCLOSED:

\$

TO PAY BY CREDIT CARD ONLINE OR BY PHONE

DESCRIPTION VISA

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MAKE CHECK OR MONEY ORDER TO:

CITY OF WHITEHALL, INCOME TAX DIVISION 360 SOUTH YEARLING ROAD WHITEHALL, OHIO 43213-1894 (614) 237-9803, FAX (614) 237-7902

CITY OF WHITEHALL, OHIO 2024 QUARTERLY NOTICE OF INSTALLMENT DUE ON ESTIMATED TAX DECLARED

PAID CHECK WILL BE YOUR RECEIPT - DO NOT REMIT CASH BY MAIL

VOUCHER 2

JUNE 15, 2024 FISCAL - DUE 15TH DAY OF THE 6TH MONTH

(014) 201-3000, 1701 (014) 201-1302	THE STREET WILL BE TOOK TIESEN T	
NAME(S) AND ADDRESS:		
Account Number		
Name		
Spouse		
Address		
City/State/Zip		
Email		

SOCIAL SECURITY NUMBER OR FEDERAL TAX I.D. NUMBER:

TOTAL ESTIMATED
TAX DECLARED:

QUARTERLY PAYMENT
ENCLOSED:

\$

TO PAY BY CREDIT CARD ONLINE OR BY PHONE



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The service provider, charges a nominal fee for this service