CITY OF GALLIPOLIS TAX DEPT –ESTIMATE FORM

MAIL TO P O BOX 339 GALLIPOLIS OH 45631

QUARTER 1 DUE APRIL 15

ACCOUNT # _____

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

TAX DEPT ONLY BELOW THIS LINE_____

TOTAL PAID $ _____

CASH CHECK # _____

CITY OF GALLIPOLIS TAX DEPT –ESTIMATE FORM

MAIL TO P O BOX 339 GALLIPOLIS OH 45631

QUARTER 2 DUE JUNE 15

ACCOUNT # _____

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

TAX DEPT ONLY BELOW THIS LINE_____

TOTAL PAID $ _____

CASH CHECK # _____

CITY OF GALLIPOLIS TAX DEPT –ESTIMATE FORM

MAIL TO P O BOX 339 GALLIPOLIS OH 45631

QUARTER 3 DUE SEPT. 15

ACCOUNT # _____

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

TAX DEPT ONLY BELOW THIS LINE_____

TOTAL PAID $ _____

CASH CHECK # _____

CITY OF GALLIPOLIS TAX DEPT –ESTIMATE FORM

MAIL TO P O BOX 339 GALLIPOLIS OH 45631

QUARTER 4 DUE DEC. 15

ACCOUNT # _____

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

TAX DEPT ONLY BELOW THIS LINE_____

TOTAL PAID $ _____

CASH CHECK # _____