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Estate Tax Form 17
Revised 3/99

Ohio Department of
TAXATION
Estate Tax Division
800 Freeway Drive North
Columbus, OH 43229-5404
1 (800) 977-7711

Ohio Estate and Additional Tax Estimated Payment Notice
(5731.23 O.R.C.)

Additional room here for extra long name
Estate of: Full name of decedent Case No. D case number

To the Auditor of WHATEVER County

I, Fid full name
Executor, Administrator or Other Person

_____, hereby make an estimated payment for the estate

of the above named decedent who died a resident of Columbus
City, Village or Township

8765 D street address
Address

on the _____ day of _____, _____ in the following amounts:
Month Year

Estate Tax	$
Additional Tax	$
Other Deficiency	$

Date _____, _____
Month and Day Year

Signature _____
Fid full name

Title Executor

Note to County Auditor: An Estate Tax Form 6 (charge) is required to be prepared, processed and forwarded to the Estate Tax Division in Columbus together with a copy of this Form 17 upon filing and payment.

Optional bottom left

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