



**Department of Taxation**

Estate Tax Unit  
1-(800) 977-7711  
tax.ohio.gov

ET 17  
Rev. 7/03

## Ohio Estate and Additional Tax Estimated Payment Notice (Ohio Revised Code 5731.23)

Estate of \_\_\_\_\_ Case number \_\_\_\_\_

To the auditor of \_\_\_\_\_ County

I, \_\_\_\_\_  
Executor, administrator or other person

hereby make an estimated payment for the estate of the above named decedent who died a resident of

\_\_\_\_\_  
City, village or township

\_\_\_\_\_  
Address (including state and ZIP code)

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the following amounts:  
Month Year

Estate tax	\$	_____
Interest	\$	_____
Penalty	\$	_____
Additional tax	\$	_____
Other deficiency	\$	_____
<b>Total paid</b>	<b>\$</b>	_____

Date \_\_\_\_\_, \_\_\_\_\_  
Month and day Year

Signature \_\_\_\_\_

Title \_\_\_\_\_

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