

**2004 DECLARATION OF ESTIMATE – 2<sup>ND</sup> QUARTER STATEMENT DUE BY 7/31/2004**

**City of Fairfield**

Income Tax Division  
5350 Pleasant Avenue  
Fairfield, OH 45014-3597  
(513) 867-5327

Account/S.S. #: \_\_\_\_\_

Amount Estimated: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

If paying by charge card, please circle one: MASTERCARD VISA and fill in below.

ACCT NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_/\_\_\_\_

SIGNATURE \_\_\_\_\_

Please indicate any name or address changes

To determine if this transaction will be treated as a cash advance when paid to CITY OF FAIRFIELD TAX, please check with your credit card issuing company.

If you wish to amend your Declaration of Estimate, please complete the following:

Amended Estimate \$ \_\_\_\_\_

**2004 DECLARATION OF ESTIMATE – 3<sup>RD</sup> QUARTER STATEMENT DUE BY 10/31/2004**

**City of Fairfield**

Income Tax Division  
5350 Pleasant Avenue  
Fairfield, OH 45014-3597  
(513) 867-5327

Account/S.S. #: \_\_\_\_\_

Amount Estimated: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

If paying by charge card, please circle one: MASTERCARD VISA and fill in below.

ACCT NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_/\_\_\_\_

SIGNATURE \_\_\_\_\_

Please indicate any name or address changes

To determine if this transaction will be treated as a cash advance when paid to CITY OF FAIRFIELD TAX, please check with your credit card issuing company.

If you wish to amend your Declaration of Estimate, please complete the following:

Amended Estimate \$ \_\_\_\_\_

**2004 DECLARATION OF ESTIMATE – 4<sup>TH</sup> QUARTER STATEMENT DUE BY 1/31/2005**

**City of Fairfield**

Income Tax Division  
5350 Pleasant Avenue  
Fairfield, OH 45014-3597  
(513) 867-5327

Account/S.S. #: \_\_\_\_\_

Amount Estimated: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

If paying by charge card, please circle one: MASTERCARD VISA and fill in below.

ACCT NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_/\_\_\_\_

SIGNATURE \_\_\_\_\_

Please indicate any name or address changes

To determine if this transaction will be treated as a cash advance when paid to CITY OF FAIRFIELD TAX, please check with your credit card issuing company.

If you wish to amend your Declaration of Estimate, please complete the following:

Amended Estimate \$ \_\_\_\_\_

2<sup>ND</sup> QUARTER BILL DUE BY 7/31/2004 --

NOTE: IT IS THE TAXPAYERS'S RESPONSIBILITY TO FILE THE DECLARATION AND MAKE PAYMENTS BY THE SPECIFIED DUE DATES.

FAILURE TO MEET THE 90% PAYMENT REQUIREMENT BY JANUARY 31, 2005, WILL RESULT IN THE ASSESSMENT OF A \$50 PENALTY.

3<sup>RD</sup> QUARTER BILL DUE BY 10/31/2004 --

NOTE: IT IS THE TAXPAYERS'S RESPONSIBILITY TO FILE THE DECLARATION AND MAKE PAYMENTS BY THE SPECIFIED DUE DATES.

FAILURE TO MEET THE 90% PAYMENT REQUIREMENT BY JANUARY 31, 2005, WILL RESULT IN THE ASSESSMENT OF A \$50 PENALTY.

4<sup>TH</sup> QUARTER BILL DUE BY 1/31/2005 --

NOTE: IT IS THE TAXPAYERS'S RESPONSIBILITY TO FILE THE DECLARATION AND MAKE PAYMENTS BY THE SPECIFIED DUE DATES.

FAILURE TO MEET THE 90% PAYMENT REQUIREMENT BY JANUARY 31, 2005, WILL RESULT IN THE ASSESSMENT OF A \$50 PENALTY.