

**2007 Declaration of Estimated Tax – 2<sup>nd</sup> Quarter Statement Due By 7/31/2007**

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**City of Fairfield**

Income Tax Division  
701 Wessel Drive  
Fairfield, OH 45014-3611  
(513) 867-5327

Account, Social Security or Federal ID #: \_\_\_\_\_

Annual Estimate: \$ \_\_\_\_\_

Name \_\_\_\_\_

Amount Paid this Quarter: \$ \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If paying by charge card, please circle one:    MASTERCARD    VISA

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.

Amended Annual Estimate: \$ \_\_\_\_\_

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**2007 Declaration of Estimated Tax – 3<sup>rd</sup> Quarter Statement Due By 10/31/2007**

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**City of Fairfield**

Income Tax Division  
701 Wessel Drive  
Fairfield, OH 45014-3611  
(513) 867-5327

Account, Social Security or Federal ID #: \_\_\_\_\_

Annual Estimate: \$ \_\_\_\_\_

Name \_\_\_\_\_

Amount Paid this Quarter: \$ \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If paying by charge card, please circle one:    MASTERCARD    VISA

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.

Amended Annual Estimate: \$ \_\_\_\_\_

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**2007 Declaration of Estimated Tax – 4<sup>th</sup> Quarter Statement Due By 1/31/2008**

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**City of Fairfield**

Income Tax Division  
701 Wessel Drive  
Fairfield, OH 45014-3611  
(513) 867-5327

Account, Social Security or Federal ID #: \_\_\_\_\_

Annual Estimate: \$ \_\_\_\_\_

Name \_\_\_\_\_

Amount Paid this Quarter: \$ \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If paying by charge card, please circle one:    MASTERCARD    VISA

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.

Amended Annual Estimate: \$ \_\_\_\_\_

2<sup>nd</sup> quarter bill due by 7/31/2007 --

Note: It is the taxpayer's responsibility to file the declaration and make payments by the specified due dates.

Failure to meet the **90% requirements by January 31, 2008** will result in the assessment of a \$50 penalty.

3<sup>rd</sup> quarter bill due by 10/31/2007 --

Note: It is the taxpayer's responsibility to file the declaration and make payments by the specified due dates.

Failure to meet the **90% requirements by January 31, 2008** will result in the assessment of a \$50 penalty.

4<sup>th</sup> quarter bill due by 1/31/2008 --

Note: It is the taxpayer's responsibility to file the declaration and make payments by the specified due dates.

Failure to meet the **90% requirements by January 31, 2008** will result in the assessment of a \$50 penalty.