

# 2 2015 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

2ND QUARTER STATEMENT DUE BY 7/31/2015

VISA/MasterCard/Discover Accepted



Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Signature \_\_\_\_\_

Please insert Name & Address  Address Change

Name: \_\_\_\_\_  
C/O: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_

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

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

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

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.

**MAKE REMITTANCE PAYABLE TO FAIRFIELD INCOME TAX,**  
701 WESSEL DRIVE, FAIRFIELD, OH 45014-3611 • (513) 867-5327

NOTE: It is the taxpayer's responsibility to file the declaration and make payments by the specified due dates.  
**Failure to meet the 90% requirement by January 31, 2016 will result in the assessment of a \$50 penalty**

# 3 2015 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

3RD QUARTER STATEMENT DUE BY 10/31/2015

VISA/MasterCard/Discover Accepted



Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Signature \_\_\_\_\_

Please insert Name & Address  Address Change

Name: \_\_\_\_\_  
C/O: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_

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

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

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

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.

**MAKE REMITTANCE PAYABLE TO FAIRFIELD INCOME TAX,**  
701 WESSEL DRIVE, FAIRFIELD, OH 45014-3611 • (513) 867-5327

NOTE: It is the taxpayer's responsibility to file the declaration and make payments by the specified due dates.  
**Failure to meet the 90% requirement by January 31, 2016 will result in the assessment of a \$50 penalty**

# 4 2015 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

4TH QUARTER STATEMENT DUE BY 1/31/2016

VISA/MasterCard/Discover Accepted



Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Signature \_\_\_\_\_

Please insert Name & Address  Address Change

Name: \_\_\_\_\_  
C/O: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_

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

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

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

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.

**MAKE REMITTANCE PAYABLE TO FAIRFIELD INCOME TAX,**  
701 WESSEL DRIVE, FAIRFIELD, OH 45014-3611 • (513) 867-5327

NOTE: It is the taxpayer's responsibility to file the declaration and make payments by the specified due dates.  
**Failure to meet the 90% requirement by January 31, 2016 will result in the assessment of a \$50 penalty**