

2 2017 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

2ND QUARTER STATEMENT DUE BY 6/15/17 or by the 15th day of the sixth month of the fiscal year _____(date)

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 45% requirement by June 15, 2017 will result in the assessment of interest.

3 2017 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

3RD QUARTER STATEMENT DUE BY 9/15/17 or by the 15th day of the ninth month of the fiscal year _____(date)

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 67 1/2% requirement by September 15, 2017 will result in the assessment of interest

4 2017 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

4TH QUARTER STATEMENT DUE BY 12/15/17 or by the 15th day of the twelfth month of the fiscal year _____(date)

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 December 15, 2017 will result in the assessment of interest