

**2****2010 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX  
2ND QUARTER STATEMENT DUE BY 7/31/2010**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: \$ \_\_\_\_\_

VISA/MasterCard/Discover Accepted



Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

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, 2011 will result in the assessment of a \$50 penalty.****3****2010 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX  
3RD QUARTER STATEMENT DUE BY 10/31/2010**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: \$ \_\_\_\_\_

VISA/MasterCard/Discover Accepted



Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

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, 2011 will result in the assessment of a \$50 penalty.****4****2010 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX  
4TH QUARTER STATEMENT DUE BY 1/31/2011**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: \$ \_\_\_\_\_

VISA/MasterCard/Discover Accepted



Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

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, 2011 will result in the assessment of a \$50 penalty.**