

1

2025 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

1st QUARTER STATEMENT IS DUE BY **4/15/25**, or by the 15th day of the fourth month of the fiscal year.

CREDIT CARD AUTHORIZATION



Card # _____

Expiration Date (mm/yy) _____ 3-Digit Code _____

Name on Card _____

Signature _____

E-Pay available online at:
<https://web2.civicacmi.com/FairfieldTax>

NAME, ADDRESS, PHONE NUMBER

Name _____

Address _____

City/State/Zip _____

Phone Number _____

ACCOUNT # AND PAYMENT

Account, Social Security or FID #: _____

Annual Estimate: \$ _____

Amount Paid

This Quarter: \$

MAKE CHECKS PAYABLE TO: CITY OF FAIRFIELD INCOME TAX
MAIL: 701 WESSEL DRIVE, FAIRFIELD, OH 45014
PAY BY PHONE:(513) 867-5327

Failure to meet the 22.5% requirement by April 15 will result in interest and penalties.

2

2025 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

2ND QUARTER STATEMENT IS DUE BY **6/15/25**, or by the 15th day of the sixth month of the fiscal year.

CREDIT CARD AUTHORIZATION



Card # _____

Expiration Date (mm/yy) _____ 3-Digit Code _____

Name on Card _____

Signature _____

E-Pay available online at:
<https://web2.civicacmi.com/FairfieldTax>

NAME, ADDRESS, PHONE NUMBER

Name _____

Address _____

City/State/Zip _____

Phone Number _____

ACCOUNT # AND PAYMENT

Account, Social Security or FID #: _____

Annual Estimate: \$ _____

Amount Paid

This Quarter: \$

MAKE CHECKS PAYABLE TO: CITY OF FAIRFIELD INCOME TAX
MAIL: 701 WESSEL DRIVE, FAIRFIELD, OH 45014
PAY BY PHONE:(513) 867-5327

Failure to meet the 45% requirement by June 15 will result in interest and penalties.

3

2025 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

3RD QUARTER STATEMENT IS DUE BY **9/15/25**, or by the 15th day of the ninth month of the fiscal year.

CREDIT CARD AUTHORIZATION



Card # _____

Expiration Date (mm/yy) _____ 3-Digit Code _____

Name on Card _____

Signature _____

E-Pay available online at:
<https://web2.civicacmi.com/FairfieldTax>

NAME, ADDRESS, PHONE NUMBER

Name _____

Address _____

City/State/Zip _____

Phone Number _____

ACCOUNT # AND PAYMENT

Account, Social Security or FID #: _____

Annual Estimate: \$ _____

Amount Paid

This Quarter: \$

MAKE CHECKS PAYABLE TO: CITY OF FAIRFIELD INCOME TAX
MAIL: 701 WESSEL DRIVE, FAIRFIELD, OH 45014
PAY BY PHONE:(513) 867-5327

Failure to meet the 67.5% requirement by September 15 will result in interest and penalties.

4

2025 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

4TH QUARTER STATEMENT IS DUE BY **1/15/26** for individuals. See below for business due date information.

CREDIT CARD AUTHORIZATION



Card #

Expiration Date (mm/yy)

3-Digit Code

Name on Card

Signature

E-Pay available online at:
<https://web2.civicacmi.com/FairfieldTax>

NAME, ADDRESS, PHONE NUMBER

Name

Address

City/State/Zip

Phone Number

ACCOUNT # AND PAYMENT

Account, Social Security or FID #:

Annual
Estimate: \$

Amount Paid
This Quarter: \$

MAKE CHECKS PAYABLE TO: CITY OF FAIRFIELD INCOME TAX
MAIL: 701 WESSEL DRIVE, FAIRFIELD, OH 45014
PAY BY PHONE: (513) 867-5327

Failure to meet the 90% requirement by January 15*, will result in interest and penalties.

* The 4th quarter estimate for businesses is due by **12/15/25** or the 15th day of the 12th month of the fiscal year.