

1 2018 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

1ST QUARTER STATEMENT DUE BY 4/17/18 or by the 15th day of the fourth month of the fiscal year _____(date)

VISA/MasterCard/Discover Accepted



Card # _____

Exp. Date (mm/yyyy) _____ Code _____

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 22.5% requirement by April 18, 2018 will result in the assessment of interest.

2

2018 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

2ND QUARTER STATEMENT DUE BY 6/18/18 or by the 15th day of the sixth month of the fiscal year _____(date)

VISA/MasterCard/Discover Accepted



Card # _____

Exp. Date (mm/yyyy) _____ Code _____

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, 2018 will result in interest and penalties.

3

2018 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

3RD QUARTER STATEMENT DUE BY 9/17/18 or by the 15th day of the ninth month of the fiscal year _____(date)

VISA/MasterCard/Discover Accepted



Card # _____

Exp. Date (mm/yyyy) _____ Code _____

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, 2018 will result in interest and penalties.

4

2018 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

4TH QUARTER STATEMENT DUE BY 1/15/19 by the 15th day of the twelfth month of the fiscal year _____(date)

VISA/MasterCard/Discover Accepted



Card # _____

Exp. Date (mm/yyyy) _____ Code _____

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 15, 2019 will result in interest and penalties.