

# 2 2017 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

2ND QUARTER STATEMENT DUE BY 6/15/17 or by the 15<sup>th</sup> 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, 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 15<sup>th</sup> 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.

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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 15<sup>th</sup> 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 December 15, 2017 will result in the assessment of interest.**