

2**2013 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX
2ND QUARTER STATEMENT DUE BY 7/31/2013**

Please Insert Name & Address <input type="checkbox"/> Address Change	Account, Social Security or Federal ID #:
Name: _____	
C/O: _____	
Address: _____	Annual/Amended Estimate: \$ _____
City: _____	
State: _____ Zip: _____	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, 2014 will result in the assessment of a \$50 penalty.

3**2013 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX
3RD QUARTER STATEMENT DUE BY 10/31/2013**

Please Insert Name & Address <input type="checkbox"/> Address Change	Account, Social Security or Federal ID #:
Name: _____	
C/O: _____	
Address: _____	Annual/Amended Estimate: \$ _____
City: _____	
State: _____ Zip: _____	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, 2014 will result in the assessment of a \$50 penalty.

4**2013 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX
4TH QUARTER STATEMENT DUE BY 1/31/2014**

Please Insert Name & Address <input type="checkbox"/> Address Change	Account, Social Security or Federal ID #:
Name: _____	
C/O: _____	
Address: _____	Annual/Amended Estimate: \$ _____
City: _____	
State: _____ Zip: _____	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, 2014 will result in the assessment of a \$50 penalty.