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2024 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

2ND QUARTER STATEMENT IS DUE BY **6/15/24**, 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.civacmi.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

2024 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

3RD QUARTER STATEMENT IS DUE BY **9/15/24**, 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.civacmi.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 1/2% requirement by September 15 will result in interest and penalties.

4

2024 CITY OF FAIRFIELD DECLARATION OF ESTIMATED TAX

4TH QUARTER STATEMENT IS DUE BY **1/15/25** 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.civacmi.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 **12/15/24** or the 15th day of the 12th month of the fiscal year.