

QUARTERLY ESTIMATE

MAKE CHECK OR MONEY ORDER TO:
CITY OF MONROE

MAIL TO ▶

CITY OF MONROE
P.O. BOX 643981
CINCINNATI OH 45264-3981

AMOUNT ENCLOSED \$ _____

PAID CHECK WILL BE YOUR RECEIPT

Check No: _____

If receipt is desired, return both copies of this statement with a self-addressed stamped envelope.

DO NOT REMIT CASH BY MAIL

Voice 513-539-7374

Fax 513-539-6209

____ Quarter 2016

ESTIMATED TAX DECLARED

TOTAL UNDER PAID ESTIMATE PENALTY

TOTAL AMOUNT CREDITED

AMOUNT OF UNPAID BALANCE

QUARTERLY INSTALLMENT DUE

Name

AMENDED ESTIMATED TAX

DUE ON OR BEFORE

And

Address

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE. IF THIS STATEMENT DOES NOT REFLECT PAYMENT RECENTLY MADE, PLEASE ADVISE - INCOME TAX OFFICE - PROMPTLY

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