

QUARTERLY ESTIMATE PAYMENT

FEDERAL EMPLOYER IDENTIFICATION NO.

TAXPAYER'S ACCOUNT NUMBER, NAME AND ADDRESS

SECOND QUARTER

(DUE ONE MONTH AFTER
END OF QUARTER)

AMOUNT
PAID

- CALENDAR YEAR _____ OR
 FISCAL OR PART YEAR, MONTH BEGINNING _____
AND MONTH ENDING _____

REMIT PAYMENT TO:

**CITY OF TROTWOOD INCOME
TAX SUPPORT SERVICES**
4 STRADER DRIVE
TROTWOOD OH 45426-3395
PHONE (937) 837-3415



FORM TQ-01

QUARTERLY ESTIMATE PAYMENT

FEDERAL EMPLOYER IDENTIFICATION NO.

TAXPAYER'S ACCOUNT NUMBER, NAME AND ADDRESS

THIRD QUARTER

(DUE ONE MONTH AFTER
END OF QUARTER)

AMOUNT
PAID

- CALENDAR YEAR _____ OR
 FISCAL OR PART YEAR, MONTH BEGINNING _____
AND MONTH ENDING _____

REMIT PAYMENT TO:

**CITY OF TROTWOOD INCOME
TAX SUPPORT SERVICES**
4 STRADER DRIVE
TROTWOOD OH 45426-3395
PHONE (937) 837-3415



FORM TQ-01

QUARTERLY ESTIMATE PAYMENT

FEDERAL EMPLOYER IDENTIFICATION NO.

TAXPAYER'S ACCOUNT NUMBER, NAME AND ADDRESS

FOURTH QUARTER

(DUE ONE MONTH AFTER
END OF QUARTER)

AMOUNT
PAID

- CALENDAR YEAR _____ OR
 FISCAL OR PART YEAR, MONTH BEGINNING _____
AND MONTH ENDING _____

REMIT PAYMENT TO:

**CITY OF TROTWOOD INCOME
TAX SUPPORT SERVICES**
4 STRADER DRIVE
TROTWOOD OH 45426-3395
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