

QUARTERLY ESTIMATE

<b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF CLYDE  PAID CHECK WILL BE YOUR RECEIPT <small>If receipt is desired, return both copies of this statement with a self-addressed stamped envelope.</small>  <b>DO NOT REMIT CASH BY MAIL</b>	<b>MAIL TO</b> ▶ CITY OF CLYDE 225 N. MAIN ST. CLYDE OH 43410  Voice 419-547-8917      Fax 419-547-8968	<b>AMOUNT ENCLOSED \$</b> _____  Check No: _____
		_____ Quarter

ESTIMATED TAX DECLARED	TOTAL UNDER PAID ESTIMATE PENALTY	TOTAL AMOUNT CREDITED	AMOUNT OF UNPAID BALANCE	QUARTERLY INSTALLMENT DUE

Name	AMENDED ESTIMATED TAX	<u>DUE ON OR BEFORE</u>
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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