

RETURN WITH PAYMENT**QUARTERLY ESTIMATE 20__****MAKE CHECK OR MONEY ORDER TO:**

CITY OF READING

PAID CHECK WILL BE YOUR RECEIPT

DO NOT REMIT CASH BY MAIL

**MAIL
TO:**CITY OF READING
EARNINGS TAX ACCOUNT
LOCATION 632119
CINCINNATI OH 45263-2119

Phone 513-733-0300 Fax 513-842-1016

AMOUNT**ENCLOSED \$.....**

Check No:

____ Quarter 20__

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

NAME

DUE ON OR BEFORE

AND

ADDRESS

TAX ID

NOTIFY INCOME TAX DEPARTMENT OF ANY CHANGE IN EMPLOYMENT, OWNERSHIP AND ADDRESS SHOW ABOVE
IF THIS STATEMENT DOES NOT REFLECT PAYMENT RECENTLY MADE, PLEASE ADVISE INCOME TAX OFFICE PROMPTLY

KEEP FOR YOUR RECORDS**QUARTERLY ESTIMATE 20__****MAKE CHECK OR MONEY ORDER TO:**

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CREDIT CARD AUTHORIZATION:

3.5% processing fee will apply to all charges

☐ VISA ☐ MASTERCARD

Print Name: _____

Signature: _____

Account Number

□□□□ □□□□ □□□□ □□□□

Expiration Date: ____ / ____

CVC ____ 3 digit security code on back of card