

QUARTERLY ESTIMATE

<p>MAKE CHECK OR MONEY ORDER TO: CITY OF MT. HEALTHY</p> <p>PAID CHECK WILL BE YOUR RECEIPT <small>If receipt is desired, return both copies of this statement with a self-addressed stamped envelope.</small></p> <p>DO NOT REMIT CASH BY MAIL</p>	<p>MAIL TO } CITY OF MT. HEALTHY 7700 PERRY STREET MOUNT HEALTHY OH 45231</p> <p>Voice 513-728-3181 Fax 513-728-3189</p>	<p>AMOUNT ENCLOSED \$</p> <p>Check No: _____</p> <p>_____ Quarter 2007</p>
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ESTIMATED TAX DECLARED	TOTAL UNDER PAID ESTIMATE PENALTY	TOTAL AMOUNT CREDITED	AMOUNT OF UNPAID BALANCE	QUARTERLY INSTALLMENT DUE

<p>Name</p> <p>And</p> <p>Address</p>	<p>AMENDED ESTIMATED TAX</p>	<p><u>DUE ON OR BEFORE</u></p>
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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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VISA / MASTER CARD ACCEPTED