

FORM Q1 1075 8513903297  
00006

RETURN WITH PAYMENT  
QUARTERLY ESTIMATE



MAKE CHECK OR MONEY ORDER TO:  
CITY OF CLYDE

MAIL  
TO

CITY OF CLYDE  
222 N. MAIN ST.  
CLYDE OH 43410

AMOUNT  
ENCLOSED \$

PAID CHECK WILL BE YOUR RECEIPT  
If receipt is desired, return both copies of this statement with  
a self-addressed stamped envelope.

Check No:

DO NOT REMIT CASH BY MAIL

Voice 419-547-8917

Fax 419-547-8968

ESTIMATED TAX DECLARED	TOTAL UNDER PAID ESTIMATE PENALTY	TOTAL AMOUNT CREDITED Last Credit Date:	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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