QUARTERLY ESTIMATE PAYMENT

FEDERAL EMPLOYER IDENTIFICATION NO. [blank]

TAXPAYER’S ACCOUNT NUMBER, NAME AND ADDRESS

SECOND QUARTER
(DUE JUNE 15, 2019)

☐ 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. [blank]

TAXPAYER’S ACCOUNT NUMBER, NAME AND ADDRESS

THIRD QUARTER
(DUE SEPTEMBER 15, 2019)

☐ 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. [blank]

TAXPAYER’S ACCOUNT NUMBER, NAME AND ADDRESS

FOURTH QUARTER
(DUE DECEMBER 15, 2019)

☐ 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