# Quarterly Estimate Payment

## Quarterly Estimate Payment

**Federal Employer Identification No.**

|   |   |   |   |   |   |

**TAXPAYER'S ACCOUNT NUMBER, NAME AND ADDRESS**

## Second Quarter

(Due June 15, 2020)

|   |   |   |   |   |   |

**Amount Paid**

- ☐ 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**

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## Third Quarter

(Due September 15, 2020)

|   |   |   |   |   |   |

**Amount Paid**

- ☐ 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**

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## Fourth Quarter

(Due December 15, 2020)

|   |   |   |   |   |   |

**Amount Paid**

- ☐ 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**