

Declaration of Estimated Quarterly Tax - Rockford, Ohio

Calendar Year 20 _____
Voucher # 1

Due on or before April 30
Period January 1 thru March 31

Amount of the Installment.... \$ _____

Amount of unused credit applied \$ _____

PAY THIS AMOUNT \$ _____

Authorized Signature _____

Social Security # _____

Mail to : Rockford Village Tax Administrator
P.O. Box 282, 151 E. Columbia Street
Rockford, OH 45882

PENALTY: 1 % per month or fraction thereof for each required
Payment not timely filed. Maximum penalty 15 % - Minimum \$ 5.00
INTEREST: 1 % per month or fraction thereof for each required
Payment not timely filed. No maximum on interest.

Declaration of Estimated Quarterly Tax - Rockford, Ohio

Calendar Year 20 _____
Voucher # 2

Due on or before July 31
Period April 1 thru June 30

Amount of the Installment.... \$ _____

Amount of unused credit applied \$ _____

PAY THIS AMOUNT \$ _____

Authorized Signature _____

Social Security # _____

Mail to : Rockford Village Tax Administrator
P.O. Box 282, 151 E. Columbia Street
Rockford, OH 45882

PENALTY: 1 % per month or fraction thereof for each required
Payment not timely filed. Maximum penalty 15 % - Minimum \$ 5.00
INTEREST: 1 % per month or fraction thereof for each required
Payment not timely filed. No maximum on interest.

Declaration of Estimated Quarterly Tax - Rockford, Ohio

Calendar Year 20 _____
Voucher # 3

Due on or before October 31
Period July 1 thru September 30

Amount of the Installment.... \$ _____

Amount of unused credit applied \$ _____

PAY THIS AMOUNT \$ _____

Authorized Signature _____

Social Security # _____

Mail to : Rockford Village Tax Administrator
P.O. Box 282, 151 E. Columbia Street
Rockford, OH 45882

PENALTY: 1 % per month or fraction thereof for each required
Payment not timely filed. Maximum penalty 15 % - Minimum \$ 5.00
INTEREST: 1 % per month or fraction thereof for each required
Payment not timely filed. No maximum on interest.

Declaration of Estimated Quarterly Tax - Rockford, Ohio

Calendar Year 20 _____
Voucher # 4

Due on or before January 31
Period October 1 thru December 31

Amount of the Installment.... \$ _____

Amount of unused credit applied \$ _____

PAY THIS AMOUNT \$ _____

Authorized Signature _____

Social Security # _____

Mail to : Rockford Village Tax Administrator
P.O. Box 282, 151 E. Columbia Street
Rockford, OH 45882

PENALTY: 1 % per month or fraction thereof for each required
Payment not timely filed. Maximum penalty 15 % - Minimum \$ 5.00
INTEREST: 1 % per month or fraction thereof for each required
Payment not timely filed. No maximum on interest.