

TAX YEAR

for office use only

DATE RECEIVED _____

PAYMENT TYPE _____

FILING PERIOD _____ / _____

AMT. REC'D \$ _____

FORM Q-1

VILLAGE OF JEFFERSON

**27 E Jefferson St
Jefferson, OH 44047**

ESTIMATED TAX PAYMENT

**2nd Quarter – Due on or before June 15
440-576-3941**

Payment Enclosed \$ _____

_____ Taxpayer Social Security Number	_____ Spouse Social Security Number
--	--

Taxpayer's Name & Address

TAX YEAR

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DATE RECEIVED _____

PAYMENT TYPE _____

FILING PERIOD _____ / _____

AMT. REC'D \$ _____

FORM Q-1

VILLAGE OF JEFFERSON

**27 E Jefferson St
Jefferson, OH 44047**

ESTIMATED TAX PAYMENT

**3rd Quarter – Due on or before Sept 15
440-576-3941**

Payment Enclosed \$ _____

_____ Taxpayer Social Security Number	_____ Spouse Social Security Number
--	--

Taxpayer's Name & Address

TAX YEAR

for office use only

DATE RECEIVED _____

PAYMENT TYPE _____

FILING PERIOD _____ / _____

AMT. REC'D \$ _____

FORM Q-1

VILLAGE OF JEFFERSON

**27 E Jefferson St
Jefferson, OH 44047**

ESTIMATED TAX PAYMENT

**4th Quarter – Due on or before Jan 15
440-576-3941**

Payment Enclosed \$ _____

_____ Taxpayer Social Security Number	_____ Spouse Social Security Number
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Taxpayer's Name & Address