

**NOTICE OF QUARTERLY PAYMENT ON
DECLARATION OF ESTIMATED INCOME TAX**

Name of Municipality _____

Form Q-1

	ESTIMATE	PAYMENT	UNPAID BALANCE

MAKE CHECKS PAYABLE TO THE MUNICIPALITY FOR WHICH YOU ARE FILING.

Name and Address:

Amount Enclosed: _____

**MAIL TO: DEPARTMENT OF TAXATION
106 E. SPRING STREET
ST. MARYS, OHIO 45885**