

TAX YEAR

for office use only

DATE RECEIVED _____

PAYMENT TYPE _____

FILING PERIOD _____ / _____

AMT. REC'D \$ _____

FORM XQ-1

CITY OF KENTON
PO Box 220
Kenton, OH 43326-0220

ESTIMATED TAX PAYMENT
2nd Quarter – Due on or before June 30
419-673-1355

Payment Enclosed \$ _____

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

TAX YEAR

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DATE RECEIVED _____

PAYMENT TYPE _____

FILING PERIOD _____ / _____

AMT. REC'D \$ _____

FORM XQ-1

CITY OF KENTON
PO Box 220
Kenton, OH 43326-0220

ESTIMATED TAX PAYMENT
3rd Quarter – Due on or before Sept 30
419-673-1355

Payment Enclosed \$ _____

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

TAX YEAR

for office use only

DATE RECEIVED _____

PAYMENT TYPE _____

FILING PERIOD _____ / _____

AMT. REC'D \$ _____

FORM XQ-1

CITY OF KENTON
PO Box 220
Kenton, OH 43326-0220

ESTIMATED TAX PAYMENT
4th Quarter – Due on or before Dec 31
419-673-1355

Payment Enclosed \$ _____

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