

Kim R. Perez, Treasurer
CITY OF CANTON
INCOME TAX DEPARTMENT
P.O. BOX 9940
CANTON, OHIO 44711-9940

CITY OF CANTON, OHIO
QUARTERLY CORPORATE ESTIMATE PAYMENT COUPON
2020 1st Quarter

**CREDIT CARD SERVICE FEES APPLY:
\$2.00 OR 2.75%, whichever is greater**

Federal I.D. No.	Account Number	Due on or Before* 4-15-2020
Name & Address		

AMOUNT PAID \$

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ _____ Check    
(Amount Authorized) **CREDIT CARD SERVICE FEES APPLY:
\$2.00 or 2.75%, whichever is greater.**

CREDIT CARD EXPIRATION DATE _____ / _____

* OR THE FIFTEENTH DAY OF THE FOURTH MONTH OF THE FISCAL YEAR

CARDHOLDER _____

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CITY OF CANTON, OHIO
QUARTERLY CORPORATE ESTIMATE PAYMENT COUPON
2020 2nd Quarter

**CREDIT CARD SERVICE FEES APPLY:
\$2.00 OR 2.75%, whichever is greater**

Federal I.D. No.	Account Number	Due on or Before* 6-17-2020
Name & Address		

AMOUNT PAID \$

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ _____ Check    
(Amount Authorized) **CREDIT CARD SERVICE FEES APPLY:
\$2.00 or 2.75%, whichever is greater.**

CREDIT CARD EXPIRATION DATE _____ / _____

* OR THE FIFTEENTH DAY OF THE SIXTH MONTH OF THE FISCAL YEAR

CARDHOLDER _____

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2020 3rd Quarter

**CREDIT CARD SERVICE FEES APPLY:
\$2.00 OR 2.75%, whichever is greater**

Federal I.D. No.	Account Number	Due on or Before* 9-16-2020
Name & Address		

AMOUNT PAID \$

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ _____ Check    
(Amount Authorized) **CREDIT CARD SERVICE FEES APPLY:
\$2.00 or 2.75%, whichever is greater.**

CREDIT CARD EXPIRATION DATE _____ / _____

* OR THE FIFTEENTH DAY OF THE NINTH MONTH OF THE FISCAL YEAR

CARDHOLDER _____

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CITY OF CANTON, OHIO
QUARTERLY CORPORATE ESTIMATE PAYMENT COUPON
2020 4th Quarter

**CREDIT CARD SERVICE FEES APPLY:
\$2.00 OR 2.75%, whichever is greater**

Federal I.D. No.	Account Number	Due on or Before* 12-15-2020
Name & Address		

AMOUNT PAID \$

TO CHARGE YOUR PAYMENT, PLEASE COMPLETE.

\$ _____ Check    
(Amount Authorized) **CREDIT CARD SERVICE FEES APPLY:
\$2.00 or 2.75%, whichever is greater.**

CREDIT CARD EXPIRATION DATE _____ / _____

* OR THE FIFTEENTH DAY OF THE TWELFTH MONTH OF THE FISCAL YEAR

CARDHOLDER _____

IMPORTANT INFORMATION

You **must** file the MANDATORY DECLARATION OF ESTIMATED TAX FOR 2020 below, together with the first quarter estimated tax due (1/4 of the annual estimated tax) within 4 months of the start of the tax year. Additional payments of at least 1/4 of the annual estimated tax each must be paid every 3 months after that.

Please send in the Quarterly Estimate Payment forms below to identify your payments. (No quarterly payment notices will be sent to remind you to make your quarterly payments, so please mark your calendars.)

A DECLARATION OF ESTIMATED TAX WHICH IS LESS THAN 90% OF THE TAX DUE ON THE FINAL RETURN WILL BE SUBJECT TO INTEREST OF 0.583% PER MONTH ON THE DIFFERENCE AND A PENALTY EQUAL TO 15% OF THE AMOUNT NOT TIMELY PAID.

No Declaration of Estimated Tax and no quarterly payments are required if you may reasonably expect to have less than \$10,000.00 of income subject to the estimated tax this year.

You may amend your Declaration of Estimated Tax during the year in writing for good cause shown.

Record of Payments

PAYMENT NO.	DUE DATE	CHECK NO.	DATE PAID	AMOUNT PAID
1.	April 15, 2020*			
2.	June 15, 2020*			
3.	September 15, 2020*			
4.	December 15, 2020*			

* OR THE FIFTEENTH DAY OF THE FOURTH, SIXTH, NINTH & TWELFTH MONTH OF THE FISCAL YEAR.