

CITY OF BUCYRUS
INCOME TAX DEPARTMENT
P.O. Box 28
Bucyrus, OH 44820-0028

**QUARTERLY ESTIMATE PAYMENT
2ND QUARTER**

(419) 562-6767

Federal Employer
Identification No.

--	--	--	--	--	--	--	--	--	--

AMOUNT PAID

\$

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CALENDAR YEAR _____ ; OR

FISCAL OR PART-YEAR,

MONTH BEGINNING _____

AND MONTH ENDING _____

Taxpayer's Account #, Name & Address

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COPY INFORMATION AS IT APPEARS FROM FRONT OF PACKAGE

FORM MQ-1

CITY OF BUCYRUS
INCOME TAX DEPARTMENT
P.O. Box 28
Bucyrus, OH 44820-0028

**QUARTERLY ESTIMATE PAYMENT
3RD QUARTER**

(419) 562-6767

Federal Employer
Identification No.

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AMOUNT PAID

\$

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CALENDAR YEAR _____ ; OR

FISCAL OR PART-YEAR,

MONTH BEGINNING _____

AND MONTH ENDING _____

Taxpayer's Account #, Name & Address

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COPY INFORMATION AS IT APPEARS FROM FRONT OF PACKAGE

FORM MQ-1

CITY OF BUCYRUS
INCOME TAX DEPARTMENT
P.O. Box 28
Bucyrus, OH 44820-0028

**QUARTERLY ESTIMATE PAYMENT
4TH QUARTER**

(419) 562-6767

Federal Employer
Identification No.

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AMOUNT PAID

\$

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CALENDAR YEAR _____ ; OR

FISCAL OR PART-YEAR,

MONTH BEGINNING _____

AND MONTH ENDING _____

Taxpayer's Account #, Name & Address

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COPY INFORMATION AS IT APPEARS FROM FRONT OF PACKAGE

FORM MQ-1