**FORM Q1 1172**

**RETURN WITH PAYMENT**

**QUARTERLY ESTIMATE**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF HUBBARD TAX DEPARTMENT

**MAIL TO**

City of Hubbard Tax Department
P O BOX 307
HUBBARD OH  44425-0307

**AMOUNT ENCLOSED** $ __________

Check No: ______ Quarter 2016

**PAY CHECK WILL BE YOUR RECEIPT**

If receipt is desired, return both copies of this statement with a self-addressed stamped envelope.

**DO NOT REMIT CASH BY MAIL**

**VOICE 330-534-6299**

**FAX 330-534-6282**

<table>
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<tr>
<th>ESTIMATED TAX DECLARED</th>
<th>TOTAL UNDER PAID ESTIMATE PENALTY</th>
<th>TOTAL AMOUNT CREDITED</th>
<th>AMOUNT OF UNPAID BALANCE</th>
<th>QUARTERLY INSTALLMENT DUE</th>
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**NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE.**

**IF THIS STATEMENT DOES NOT REFLECT PAYMENT RECENTLY MADE, PLEASE ADVISE - INCOME TAX OFFICE - PROMPTLY.**

**KEEP FOR YOUR RECORDS**

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