

**Declaration of Estimated Quarterly Tax - Rockford Ohio**

Calendar Year 20\_\_\_\_  
Voucher # 1

Due on or before April 30  
Period January 1, thru March 31

Amount of this Installment .... \$ \_\_\_\_\_  
Amount of unused credit applied \$ \_\_\_\_\_  
**PAY THIS AMOUNT**..... \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Mail to: Rockford Village Tax Administrator  
PO Box 494, Rockford, OH 45882

PENALTY: 1% per month or fraction thereof for each required payment not timely filed. Maximum penalty 15% - Minimum \$5.00.  
INTEREST: 1% per month or fraction thereof for each required payment not timely filed. No maximum on interest.

**Declaration of Estimated Quarterly Tax - Rockford Ohio**

Calendar Year 20\_\_\_\_  
Voucher # 2

Due on or before July 31  
Period April 1, thru June 30

Amount of this Installment .... \$ \_\_\_\_\_  
Amount of unused credit applied \$ \_\_\_\_\_  
**PAY THIS AMOUNT**..... \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Mail to: Rockford Village Tax Administrator  
PO Box 494, Rockford, OH 45882

PENALTY: 1% per month or fraction thereof for each required payment not timely filed. Maximum penalty 15% - Minimum \$5.00.  
INTEREST: 1% per month or fraction thereof for each required payment not timely filed. No maximum on interest.

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Calendar Year 20\_\_\_\_  
Voucher # 3

Due on or before October 31  
Period July 1, thru September 30

Amount of this Installment .... \$ \_\_\_\_\_  
Amount of unused credit applied \$ \_\_\_\_\_  
**PAY THIS AMOUNT**..... \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Mail to: Rockford Village Tax Administrator  
PO Box 494, Rockford, OH 45882

PENALTY: 1% per month or fraction thereof for each required payment not timely filed. Maximum penalty 15% - Minimum \$5.00.  
INTEREST: 1% per month or fraction thereof for each required payment not timely filed. No maximum on interest.

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Calendar Year 20\_\_\_\_  
Voucher # 4

Due on or before January 31  
Period October 1, thru December 31

Amount of this Installment .... \$ \_\_\_\_\_  
Amount of unused credit applied \$ \_\_\_\_\_  
**PAY THIS AMOUNT**..... \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Mail to: Rockford Village Tax Administrator  
PO Box 494, Rockford, OH 45882

PENALTY: 1% per month or fraction thereof for each required payment not timely filed. Maximum penalty 15% - Minimum \$5.00.  
INTEREST: 1% per month or fraction thereof for each required payment not timely filed. No maximum on interest.