

QUARTERLY ESTIMATE

|                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MAKE CHECK OR MONEY ORDER TO:</b><br>VILLAGE OF FAIRFAX TAX DEPARTMENT<br><br>PAID CHECK WILL BE YOUR RECEIPT<br><small>If receipt is desired, return both copies of this statement with a self-addressed stamped envelope.</small><br><br><b>DO NOT REMIT CASH BY MAIL</b> | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">MAIL TO ▶</div> <div>                     VILLAGE OF FAIRFAX TAX DEPT<br/>                     5903 HAWTHORNE AVE<br/>                     CINCINNATI, OH 45227                 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Voice 513-527-6506</span> <span>Fax 513-561-5748</span> </div> | <b>AMOUNT ENCLOSED \$</b> _____<br><br>Check No: _____<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Quarter 2026</b> </div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| ESTIMATED TAX DECLARED | TOTAL UNDER PAID ESTIMATE PENALTY | TOTAL AMOUNT CREDITED | AMOUNT OF UNPAID BALANCE | QUARTERLY INSTALLMENT DUE |
|------------------------|-----------------------------------|-----------------------|--------------------------|---------------------------|
|                        |                                   |                       |                          |                           |

|                                                                             |                                                                                                      |                                                                                             |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Name _____<br><br>and _____<br><br>Address _____<br><br>Email address _____ | AMENDED ESTIMATED TAX<br><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <b><u>DUE ON OR BEFORE</u></b><br>The 15th of the month following<br>the end of the quarter |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

**TAX ID / FEIN:** \_\_\_\_\_

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

**FORM Q1 3111** **KEEP FOR YOUR RECORDS**

QUARTERLY ESTIMATE

|                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MAKE CHECK OR MONEY ORDER TO:</b><br>VILLAGE OF FAIRFAX TAX DEPARTMENT<br><br>PAID CHECK WILL BE YOUR RECEIPT<br><small>If receipt is desired, return both copies of this statement with a self-addressed stamped envelope.</small><br><br><b>DO NOT REMIT CASH BY MAIL</b> | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">MAIL TO ▶</div> <div>                     VILLAGE OF FAIRFAX TAX DEPT<br/>                     5903 HAWTHORNE AVE<br/>                     CINCINNATI OH 45227                 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Voice 513-527-6506</span> <span>Fax 513-561-5748</span> </div> | <b>AMOUNT ENCLOSED \$</b> _____<br><br>Check No: _____<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Quarter 2026</b> </div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| ESTIMATED TAX DECLARED | TOTAL UNDER PAID ESTIMATE PENALTY | TOTAL AMOUNT CREDITED | AMOUNT OF UNPAID BALANCE | QUARTERLY INSTALLMENT DUE |
|------------------------|-----------------------------------|-----------------------|--------------------------|---------------------------|
|                        |                                   |                       |                          |                           |

|                                                  |                                                                                                      |                                                                                             |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Name _____<br><br>And _____<br><br>Address _____ | AMENDED ESTIMATED TAX<br><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <b><u>DUE ON OR BEFORE</u></b><br>The 15th of the month following<br>the end of the quarter |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

**TAX ID / FEIN:** \_\_\_\_\_

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