

MAIL TO: CITY OF GENEVA
DIVISION OF TAXATION
44 NORTH FOREST STREET
GENEVA, OHIO 44041

Telephone #: 440-466-3913
Fax #: 440-466-0685

**CITY OF GENEVA
QUARTERLY ESTIMATED TAX
FOR TAX YEAR _____**

ACCOUNT #: _____

Taxpayer's Name: _____

Tax Payer's Spouse: _____
(filing joint)

Address: _____

Telephone: _____

DUE DATES

Individual Accounts:

1st Quarter: 4/15/____ 3rd Quarter: 9/15/____

2nd Quarter: 6/15/____ 4th Quarter: 1/15/____

Business Accounts:

1st Quarter: 4/15/____ 3rd Quarter: 9/15/____

2nd Quarter 6/15/____ 4th Quarter: 12/15/____

Individual Enter SS # **OR** Business Enter Fed ID #

Spouse SS # _____

\$ _____
AMOUNT OF ESTIMATED PAYMENT:

**PLEASE MAKE CHECKS PAYABLE TO:
CITY OF GENEVA INCOME TAX**