Kim R. Perez, Treasurer CITY OF CANTON INCOME TAX DEPARTMENT P.O. BOX 9940 CANTON. OHIO 44711-9940

CITY OF CANTON, OHIO QUARTERLY CORPORATE ESTIMATE PAYMENT COUPON

| \$2.00 or 2.75%, whichever is greater | CREDIT CARD SERVICE FEES APPLY |
|---------------------------------------|---------------------------------------|
| + / · , 3 | \$2.00 or 2.75%, whichever is greater |

2017 1st Quarter

AMOUNT PAID

| \$ |
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| CANTON, OHIO 447 I | 1-9940 | | 7 IVIO GIVI I 7 IIB | | |
|---|---------------------|-------------------------------------|---|--|--|
| Federal I.D. No. | Account Number | Due on or Before* 4-18-2017 | TO CHARGE YOUR PAYMENT, PLEASE COMPLETE. | | |
| Name & Address | | | (Amount Authorized) | | |
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| | | | CREDIT CARD EXPIRATION DATE / | | |
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| * OR THE FIFTEENTH | DAY OF THE FOURTH | MONTH OF THE FISCA | L YEAR CARDHOLDER | | |
| Kim R. Perez, Treasur | er — — — | CITY OF C | ANTON, OHIO | | |
| CITY OF CANTON INCOME TAX DEPART | TMENT QUAR | | ESTIMATE PAYMENT COUPON CREDIT CARD SERVICE FEES APPLY \$2.00 or 2.75%, whichever is greate | | |
| P.O. BOX 9940 | IIVILIVI | 2017 2 | 2nd Quarter | | |
| CANTON, OHIO 4471 | 1-9940 | | AMOUNT PAID | | |
| Federal I.D. No. | Account Number | Due on or Before* 6-15-2017 | TO CHARGE YOUR PAYMENT, PLEASE COMPLETE. | | |
| | Nowa 9 Address | 0-13-2017 | S MasterCard | | |
| Name & Address | | | (Amount Authorized) | | |
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| OR THE FIFTEENTH | I DAY OF THE FOURTH | MONTH OF THE FISCA | L YEAR CARDHOLDER | | |
| INCOME TAX DEPART P.O. BOX 9940 CANTON, OHIO 4471 Federal I.D. No. | | 2017 3 Due on or Before* 9-15-2017 | SESTIMATE PAYMENT COUPON \$2.00 or 2.75%, whichever is greated amount PAID \$ TO CHARGE YOUR PAYMENT, PLEASE COMPLETE. | | |
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| OR THE FIFTEENTH | DAY OF THE FOURTH | MONTH OF THE FISCA | L YEAR CARDHOLDER | | |
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| Kim R. Perez, Treasur CITY OF CANTON INCOME TAX DEPART | QUAR | TERLY CORPORATE | CANTON, OHIO ESTIMATE PAYMENT COUPON CREDIT CARD SERVICE FEES APPL \$2.00 or 2.75%, whichever is great the Quarter | | |
| P.O. BOX 9940 CANTON, OHIO 4471 | 1-9940 | | AMOUNT PAID \$ | | |
| Federal I.D. No. | Account Number | Due on or Before* | TO CHARGE YOUR PAYMENT, PLEASE COMPLETE. | | |
| | | 12-15-2017 | V/SA (MasterCard) | | |
| Name & Address | | | (Amount Authorized) | | |
| | | | CREDIT CARD EXPIRATION DATE/ | | |
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CARDHOLDER

^{*} OR THE FIFTEENTH DAY OF THE FOURTH MONTH OF THE FISCAL YEAR

IMPORTANT INFORMATION

You **must** file the MANDATORY DECLARATION OF ESTIMATED TAX FOR 2017 below, together with the first quarter estimated tax due (1/4 of the INTEREST OF 0.50% PER MONTH ON THE of the tax year. Additional payments of at least 1/4 OF THE AMOUNT NOT TIMELY PAID. of the annual estimated tax each must be paid every 3 months after that.

Please send in the Quarterly Estimate Payment forms below to identify your payments. (No quarterly payment notices will be sent to remind you to make your quarterly payments, so please mark your calendars.)

A DECLARATION OF ESTIMATED TAX WHICH IS LESS THAN 90% OF THE TAX DUE ON THE FINAL RETURN WILL BE SUBJECT TO annual estimated tax) within 4 months of the start DIFFERENCE AND A PENALTY EQUAL TO 15%

> No Declaration of Estimated Tax and no quarterly payments are required if you may reasonably expect to have less than \$10,000.00 of income subject to the estimated tax this year. You may amend your Declaration of Estimated Tax during the year in writing for good cause shown.

| Record of Payments | | | | | | | |
|--------------------|---------------|--------------|--------------|----------------|--|--|--|
| PAYMENT NO. | DUE DATE | CHECK NO. | DATE PAID | AMOUNT PAID | | | |
| 1. Арі | ril 18, 2017* | | | | | | |
| 2. Jun | e 15, 2017* | | | | | | |
| 3. September | er 15, 2017* | | | | | | |
| 4. December | er 15, 2017* | | | | | | |

* OR THE FIFTEENTH DAY OF THE FOURTH MONTH OF THE FISCAL YEAR.