

TAX OFFICE USE ONLY				
DATE RECEIVED				
CHECK #				
AMOUNT				
G/L POSTED				
INITIALS				

ESTIMATE TAX DECLARATION VOUCHER

LICENSE FEE DIVISION		

rowanocctax@gmail.com

FEIN or SSN #		Calendar Year Ending	ESTIMATED TAX FOR YEAR IS			
Employer/Business/ Proprietor Name			\$			
Address		VOUCHER FOR QUARTER 1	DUE APRIL 15TH	\$		
City		VOUCHER FOR QUARTER 2	DUE JUNE 15TH	\$		
State/Zip		VOUCHER FOR QUARTER 3	DUE SEPTEMBER 15TH	\$		
Contact Name		VOUCHER FOR QUARTER 4	DUE JANUARY 15TH	\$		
Phone #						
Mail to:	address or ownership changes on form ADM01-06/19.	Information obtained from this form, including the business name, business address, names of owner(s) and agent(s) of the business, and whether or not the business is delinquent in the payment of its taxes is subject to public disclosure. All proprietary and confidential information exempt from disclosure under the Kentucky Open Records Act shall be confidential and shall not be disclosed.				
Мо	P.O. Box 607 orehead, KY 40351-0607		SAFE SCHOOLS HEALTHY STUDENTS			

FIN05-06/19