

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

ESTIMATE TAX DECLARATION VOUCHER

LICENSE	FEE DIVISION	
LICLINGL		

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 #						
Email		Information obtained from this form, including the business name, business addres names of owner(s) and agent(s) of the business, and whether or not the business				
** Submit all name,	address or ownership changes on form ADM01-06/19.	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 Ac				
Mail to:		shall be confidential and shall not be disclosed.				
R	Rowan County Finance Director					
	P.O. Box 607		AFE SCHOOLS			
	Morehead, KY 40351-0607	,	IEALTHY STUDENTS			
	(606)784-6218					
	rowanocctax@gmail.com			FIN05-06/19		