

CITY OF ASHLAND
QUARTERLY ESTIMATE PAYMENT VOUCHERS
Please complete one voucher per quarter and enclose with payment.

QUARTERLY ESTIMATE FORM VOUCHER 4 (OCTOBER – DECEMBER)

Remit To: City of Ashland Occupational License/Net Profit Division P.O. Box 1839 Ashland, KY 41105-1839	Business Name: _____ Contact Number: _____	Year: _____ Account Number: _____ Payment Amount: _____
IF PAYING BY MASTERCARD OR VISA, COMPLETE BELOW		
() MASTERCARD () VISA	CARD NUMBER	SIGNATURE
	AMOUNT EXP DATE	

QUARTERLY ESTIMATE FORM VOUCHER 3 (JULY – SEPTEMBER)

Remit To: City of Ashland Occupational License/Net Profit Division P.O. Box 1839 Ashland, KY 41105-1839	Business Name: _____ Contact Number: _____	Year: _____ Account Number: _____ Payment Amount: _____
IF PAYING BY MASTERCARD OR VISA, COMPLETE BELOW		
() MASTERCARD () VISA	CARD NUMBER	SIGNATURE
	AMOUNT EXP DATE	

QUARTERLY ESTIMATE FORM VOUCHER 2 (APRIL – JUNE)

Remit To: City of Ashland Occupational License/Net Profit Division P.O. Box 1839 Ashland, KY 41105-1839	Business Name: _____ Contact Number: _____	Year: _____ Account Number: _____ Payment Amount: _____
IF PAYING BY MASTERCARD OR VISA, COMPLETE BELOW		
() MASTERCARD () VISA	CARD NUMBER	SIGNATURE
	AMOUNT EXP DATE	

QUARTERLY ESTIMATE FORM VOUCHER 1 (JANUARY – MARCH)

Remit To: City of Ashland Occupational License/Net Profit Division P.O. Box 1839 Ashland, KY 41105-1839	Business Name: _____ Contact Number: _____	Year: _____ Account Number: _____ Payment Amount: _____
IF PAYING BY MASTERCARD OR VISA, COMPLETE BELOW		
() MASTERCARD () VISA	CARD NUMBER	SIGNATURE
	AMOUNT EXP DATE	