Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIPS Code: 51

TRANSMITTAL LISTING OF ESTIMATED INCOME TAX

PAYMENTS FILE SUBMITTED THROUGH EESMC

BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City or County

FOR THE TAXABLE YEAR: \_\_\_\_\_\_\_\_\_\_\_\_

FILE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MO/WEEK ENDING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Revenue Source Code | Batch No. | No. of Vouchers | Estimated Tax Amount | DC No. | DC Deposit Date |

Grand Totals: Number of Batches: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Vouchers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Estimated Tax Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Locality Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CERTIFICATE

I, the undersigned Treasurer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby certify that this is a report of all collections of such tax made by me during the period stated above.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DAY MONTH YEAR

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Treasurer