

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: _____

E-Mail: _____

Phone: _____ 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