



(To pay by credit card you must complete this form and fax or mail)

Name _____ Check One: **Visa** or **Mastercard**

Visa or Master Card # _____ - _____ - _____ - _____ (16 Digits)

Total Amount Authorized \$ _____ Card Expiration Date ____/____

Signature _____ Daytime Phone Number _____

(Please indicate how payment is to be applied)

Springdale Account # _____

	Tax	Penalty/Interest	Pay Plan
Payment for Tax Year _____ <small>(If paying on withholdings, indicate Quarter paid)</small>	\$ _____	\$ _____	\$ _____
Payment for Tax Year _____	\$ _____	\$ _____	\$ _____
Payment for Tax Year _____	\$ _____	\$ _____	\$ _____
Payment for Tax Year _____	\$ _____	\$ _____	\$ _____

For Office Use Only