

ESTIMATED PAYMENT WORKSHEET FOR CHEYENNE COUNTY TAX PREPAY PROGRAM

EXAMPLE: The following is an example of a taxpayer owning real estate, personal property and several motor vehicles. It illustrates the due date for motor vehicles on October 31, the due dates of December 20 and May 10 (half payments) using the prior year real estate and personal property taxes, and starting the program in June.

<u>Motor Vehicles</u>		<u>Real Estate &/or Personal Property Taxes</u>			
Last Year of Registration:	2004	Prior Year:		2004	
<u>Tag #(s)</u>	<u>Amount</u>	<u>Statement #</u>	<u>Amount</u>	<u>Statement #</u>	<u>Amount</u>
SAM000	118	123	522	126	6
SAM001	50	124	139		
SAM002	196	125	99		
Start Date:	06/05/05			Start Date:	06/05/05
Due Date:	10/31/05			Due Date:	12/20/05
# of Months:	5			# of Months:	6
Total Amount:	364			Total Amount:	766
*Monthly Payment:	73			* Monthly Payment:	64
				** Total Monthly Payment	137

*Total Amount divided by Number of Months = Monthly Payment

** At the discretion of the taxpayer and the approval of the Treasurer, the monthly payment may be adjusted.

ESTIMATED PAYMENT WORKSHEET

<u>Motor Vehicles</u>		<u>Real Estate &/or Personal Property Taxes</u>			
Last Year of Registration:	_____	Prior Tax Year:		_____	
				(Continued)	
<u>List #'s</u>	<u>Amount</u>	<u>Statement #</u>	<u>Amount</u>	<u>Statement #</u>	<u>Amount</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Start Date:	_____	_____	_____	Start Date:	_____
Due Date:	_____	_____	_____	Due Date:	_____
# of Months:	_____	_____	_____	# of Months:	_____
Total Amount:	_____	_____	_____	Total Amount:	_____
*Monthly Payment:	_____	Total of Column: _____		*Monthly Payment:	_____
		*Total Amount divided by Number of Months = Monthly Payment			
TOTAL MONTHLY PAYMENTS: _____					
If the Total Monthly Payment isn't the amount you want, please indicate here what amount you do want:					
% of Total Payment:	_____			% Total:	_____

Name _____ Home Phone Number: _____
 Address: _____ Work Phone Number: _____
 City/St/Zip: _____ Taxpayer's Signature _____ Date _____

NOTES: _____