2024	Acct: #1038	31 Ta	ax Code: 208	31Rate: 6.1070	Real E		Tax Statement		TAX AMOUNT	
		F 21000		Valuation Residential Agricultural Commercial	0	JAN	quent Amount to Be aid if Paid in 2025	- 1 1	STATE COUNTY HEALTH HOSPITAL	\$0.09 \$0.55 \$0.41 \$0.55
04-8.0-04 Descriptio	28-000-000-01 on:	5.31000		Lending Code:	U	FEB MAR	0.0 0.0	- 1 1	AMBULANCE	\$0.21
•	N SPRINGS C7 ((EPT)		-		APR	0.0	0	ECJC JR. COL. SULLIVAN SCH	\$1.30 \$11.99
						MAY	0.0	- 1 1	SULLIVAN FIRE SB-40	\$0.62
						JUN JUL	0.0 0.0	- 1 1	LIBRARY	\$0.55 \$0.55
Sec: 28	Twp: 40 Rng	:1W		Acres: 12.47		AUG	0.0	- 1 1	ROAD & BRIDGE SEN. CITIZEN	\$0.76 \$0.14
	, ,					SEP	0.0		SEN. CITIZEN	Ф 0.14
				16,737		OCT NOV	0.0 0.0	nΠ		
						DEC	0.0	_	TOTAL TAX INTEREST / PENALTY	17.72
	RANSOM SHAI	NE M							FEES Paid on	0.00 0.00
	1075 OREGON								AMOUNT PAID 12/20/2024	17.72
	SULLIVAN, MO 63080-							ľ	TOTAL DUE	0.00
									Submit Payment To:	
									Kris Richards Washington County Collec 102 North Missouri St Potosi, MO 63664 573-436-7701	ctor
PLEASE NOTE:				TAXES BECOME DELINQUENT JANUARY 1, 20 See penalty chart above if paying after December 31, 202					Conector 3 Office Flours	
mailed to 2. Make 3. Ques 4. Ques	o you. e check payable stions about pay stions about ass	to Kris R ring this bi	ichards, Was ill, contact the s, contact the	hington County Co e Collector's Office Assessor's Office	ollector. at 573-4 at 573-4	Non-c 436-77 38-49	learance of check 701. 92. For ownership	void que	estions, 573-438-2237.	
the Colle 6. IF TA 7. Pay p	ector's Office. XES ARE PAID	BY YOUI	R MORTGAT es online at l	E CO., YOU MUST	· VERIF	Y THE	IR RECEIPT OF T	HIS	to the new owner or notify STATEMENT bebit Card, only put in your accordance.	unt
8. To pa	ay with credit ca	rd directly	to the Collec	tor's Office please	call 573	3-436-	7701 or fill out the	cre	dit card information below.	
9. All cr	edit card transa	ction fees	are 2.25% a	nd debit card trans	saction f	ees ar	e 1.79%.			
				vith check or me awn you can lea			there is a silver ment in.	sta	nd up	
Damad	04 0 0 000 00	0 000 04	J. 5.4.000							
	04-8.0-028-00 /pe			Card Numl	ber				V-Code _	
							Zip C			
							2.p C		<u> </u>	
ivaille (on Calu					_				
Signatu	ire					_				
-				CHANGE OF A			EODMATION			

Name _____ C/O _____

Property Number(s)

City ______ State ____ Zip _____

Address _____

Email _____