| 2024 | Acct: #10 | 33895 | Tax Code: 2081 | 1Rate: 6.1070 | Real E | state Tax St | | | TAX AMOUNT | |
|--|---|--|--|--|---------------------------------|--|---|---|---|--|
| Description | 4 & PT SE1/4 | | | Valuation Residential Agricultural Commercial Lending Code: SE | 57,930 790 0 | Delinquent Am Paid if Paid JAN FEB MAR APR MAY JUN JUL AUG | | | STATE COUNTY HEALTH HOSPITAL AMBULANCE ECJC JR. COL. SULLIVAN SCH SULLIVAN FIRE SB-40 LIBRARY ROAD & BRIDGE | \$17.62 \$111.04 \$83.80 \$111.74 \$42.28 \$262.59 \$2,426.95 \$1125.49 \$111.74 \$111.74 |
| STATE HIG | GHWAY 185 I, MO 63080 | JONATHAN - | MALLORI A | Acres: 71.73 23,973 | | SEP OCT NOV DEC | 0.00 0.00 0.00 0.00 | TOTAL TAX INTEREST / PEN FEES AMOUNT PAID - | Paid on | \$27.90 3,586.03 0.00 0.00 3,586.03 |
| | SULLIVAN, | MO 63080-8 | 016 | | | | | TOTAL DUE Submit Payment To: | | 0.00 |
| Our records indicate this bill will be paid by your lienholder. If this is in error, please pay this bill normally by following the instructions below. | | | | | | | | Kris Richards Washington County Collector 102 North Missouri St Potosi, MO 63664 573-436-7701 | | |
| PLEASE NOTE: TAXES BECOME DELINQUENT JANUARY 1, 2025 See penalty chart above if paying after December 31, 2024 **Collector's Office Hours and the second se | | | | | | | | | | |
| 5. If you the Colle 6. IF TA: 7. Pay p number 6. To pa | have sold the ctor's Office XES ARE Propersonal & reconstruction to the online by with credit | his property e. AID BY YOU eal estate ta e pay systen card directl | and are not res JR MORTGATE xes online at ht n. y to the Collect | or's Office please | taxes, pl FVERIF Itoncour | ease forward the YTHEIR RECENTY THEIR RECENTY THEIR RECENTY THE RE | nis statement EIPT OF THI edit Card or ill out the cre | of to the new o S STATEMEN Debit Card, or | wner or notify T nly put in your acc | ount |
| 9. All credit card transaction fees are 2.25% and debit card transaction fees are 1.79%. | | | | | | | | | | |
| | drop bo | x on the c | ourthouse la | ith check or m wn you can lea | ave you | r payment in | | | V Code | |
| | | | | Card Num | | | | | |) |
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