2024	4 Acct: #103834 Tax C		Tax Code: 2081	Code: 2081Rate: 6.1070		Real Estate Tax Statement			TAX AMOUNT	
04-9.0-02 Description	29-000-00 on:	00-001.6000 6 C7 (W PT)		Valuation Residential Agricultural Commercial Lending Code:	1,710	Delinq	1ax Statement uent Amount to Be d if Paid in 2025 116.09 118.36 131.80 134.08 136.36 138.64 140.92 143.19 145.46		STATE COUNTY HEALTH HOSPITAL AMBULANCE ECJC JR. COL. SULLIVAN SCH SULLIVAN FIRE SB-40 LIBRARY ROAD & BRIDGE SEN. CITIZEN	\$0.51 \$3.23 \$2.44 \$3.25 \$1.23 \$7.65 \$70.68 \$3.65 \$3.25 \$3.25 \$4.46 \$0.81
	1075 OR	I SHANE M EGON ST N, MO 63080-		16,738		OCT NOV DEC	145.46 145.46 145.46	INTEREST / PENALTY 0.0 FEES 0.0 AMOUNT PAID 0.0		104.41 0.00 0.00 0.00 104.41
PLEASE NOTE: TAXES BECOME DELINQUENT JANUARY 1, 2025 See penalty chart above if paying after December 31, 2024 Washington County Collector 102 North Missouri St Potosi, MO 63664 573-436-7701 Collector's Office Hours 8:00AM to 4:30PM										t
 To avoid delay in your payment, please return this entire statement with a self-addressed, stamped envelope and a receipt will be mailed to you. Make check payable to Kris Richards, Washington County Collector. Non-clearance of check voids receipt. Questions about paying this bill, contact the Collector's Office at 573-436-7701. Questions about assessments, contact the Assessor's Office at 573-438-4992. For ownership questions, 573-438-2237. If you have sold this property and are not responsible for the taxes, please forward this statement to the new owner or notify the Collector's Office. IF TAXES ARE PAID BY YOUR MORTGATE CO., YOU MUST VERIFY THEIR RECEIPT OF THIS STATEMENT Pay personal & real estate taxes online at http://www.washingtoncountymo.us by Credit Card or Debit Card, only put in your account number on the online pay system. To pay with credit card directly to the Collector's Office please call 573-436-7701 or fill out the credit card information below. All credit card transaction fees are 2.25% and debit card transaction fees are 1.79%. 										

If you are paying after hours with check or money order, there is a silver stand up

Expiration Date Month _____ Year ____ Phone Number ____ Zip Code _____

_____ State _____ Zip _____

Property Number(s)

CHANGE OF ADDRESS INFORMATION

Name _____ C/O ____

_____ V-Code _____

drop box on the courthouse lawn you can leave your payment in.

Card Type _____ Card Number _____

Parcel 04-9.0-029-000-000-001.60000

Address _____

Name on Card __

Email

Signature