

# Franchise Tax Payment Schedule Checklist

Date: [Insert Date]

To: [Franchise Owner's Name]

Address: [Franchise Owner's Address]

**Dear [Franchise Owner's Name],**

This letter serves as a checklist for the upcoming franchise tax payment schedule. Please ensure that the following items are completed by the specified dates:

- **Review Franchise Tax Guidelines:** Due Date - [Insert Due Date]
- **Calculate Estimated Taxes:** Due Date - [Insert Due Date]
- **Submit Required Documentation:** Due Date - [Insert Due Date]
- **Make Initial Payment:** Due Date - [Insert Due Date]
- **Review Confirmation of Payment:** Due Date - [Insert Due Date]

## Important Notes:

- Late payments may incur penalties.

- Please retain all documentation for your records.

If you have any questions or need further assistance, please do not hesitate to contact us.

**Sincerely,**

[Your Name]

[Your Title]

[Your Company]

[Your Contact Information]