

H-1040 • ES  
**2024**

PAYABLE TO:  
AND MAIL TO:

CITY OF HAMTRAMCK  
ESTIMATED TAX PAYMENT  
P.O. BOX 209  
EATON RAPIDS, MI 48827-0209

**Voucher 4**

(Calendar Year - Due January 31, 2025)

YOUR SOCIAL SECURITY NO.	SPOUSES SOCIAL SECURITY NO.	IF CORPORATION OR PARTNERSHIP FEDERAL I.D. NUMBER
FIRST & LAST NAME AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT		PAYMENT IS FOR YEAR ENDING _____ MONTH YEAR <b>CITY OF HAMTRAMCK ESTIMATED TAX PAYMENT</b>  TOTAL ESTIMATE AMOUNT OF THIS PAYMENT \$ _____ (TO BE USED FOR MAKING PAYMENT)

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER

PLEASE TYPE OR PRINT

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EATON RAPIDS, MI 48827-0209

**Voucher 3**

(Calendar Year - Due September 30, 2024)

YOUR SOCIAL SECURITY NO.	SPOUSES SOCIAL SECURITY NO.	IF CORPORATION OR PARTNERSHIP FEDERAL I.D. NUMBER
FIRST & LAST NAME AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT		PAYMENT IS FOR YEAR ENDING _____ MONTH YEAR <b>CITY OF HAMTRAMCK ESTIMATED TAX PAYMENT</b>  TOTAL ESTIMATE AMOUNT OF THIS PAYMENT \$ _____ (TO BE USED FOR MAKING PAYMENT)

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**Voucher 2**

(Calendar Year - Due June 30, 2024)

YOUR SOCIAL SECURITY NO.	SPOUSES SOCIAL SECURITY NO.	IF CORPORATION OR PARTNERSHIP FEDERAL I.D. NUMBER
FIRST & LAST NAME AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT		PAYMENT IS FOR YEAR ENDING _____ MONTH YEAR <b>CITY OF HAMTRAMCK ESTIMATED TAX PAYMENT</b>  TOTAL ESTIMATE AMOUNT OF THIS PAYMENT \$ _____ (TO BE USED FOR MAKING PAYMENT)

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**Voucher 1**

(Calendar Year - Due April 30, 2024)

YOUR SOCIAL SECURITY NO.	SPOUSES SOCIAL SECURITY NO.	IF CORPORATION OR PARTNERSHIP FEDERAL I.D. NUMBER
FIRST & LAST NAME AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT		PAYMENT IS FOR YEAR ENDING _____ MONTH YEAR <b>CITY OF HAMTRAMCK ESTIMATED TAX PAYMENT</b>  TOTAL ESTIMATE AMOUNT OF THIS PAYMENT \$ _____ (TO BE USED FOR MAKING PAYMENT)

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