

H-1040 • ES
2023

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, 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

**CITY OF HAMTRAMCK
ESTIMATED
TAX PAYMENT**

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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PAYABLE TO:
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ESTIMATED TAX PAYMENT
P.O. BOX 209
EATON RAPIDS, MI 48827-0209

Voucher 3

(Calendar Year - Due Sept. 30, 2023)

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

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Voucher 2

(Calendar Year - Due June 30, 2023)

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

**CITY OF HAMTRAMCK
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Voucher 1

(Calendar Year - Due April 30, 2023)

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

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TAX PAYMENT**

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