

H-1040 • ES
2014

PAYABLE TO:
AND MAIL TO:

"TREASURER, CITY OF HAMTRAMCK"
INCOME TAX, 3401 EVALINE
HAMTRAMCK, MICHIGAN 48212

Voucher 4

(Calendar Year - Due January 31, 2015)

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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"TREASURER, CITY OF HAMTRAMCK"
INCOME TAX, 3401 EVALINE
HAMTRAMCK, MICHIGAN 48212

Voucher 3

(Calendar Year - Due October 31, 2014)

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)

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Voucher 2

(Calendar Year - Due July 31, 2014)

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)

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HAMTRAMCK, MICHIGAN 48212

Voucher 1

(Calendar Year - Due April 30, 2014)

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)

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