H–1040 • ES
2015

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, 2016)

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

H–1040 • ES
2015

PAYABLE TO:
AND MAIL TO:

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

Voucher 3

(Calendar Year - Due September 30, 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

H–1040 • ES
2015

PAYABLE TO:
AND MAIL TO:

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

Voucher 2

(Calendar Year - Due June 30, 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

H–1040 • ES
2015

PAYABLE TO:
AND MAIL TO:

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

Voucher 1

(Calendar Year - Due April 30, 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