H–1040 • ES

2013

PAYABLE TO:
AND MAIL TO:

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

Voucher 2

(Calendar Year - Due July 31, 2013)

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

2013

PAYABLE TO:
AND MAIL TO:

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

Voucher 1

(Calendar Year - Due April 30, 2013)

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
2013

PAYABLE TO:
AND MAIL TO:

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

Voucher 4

(Calendar Year - Due January 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)

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER

PLEASE TYPE OR PRINT

H–1040 • ES
2013

PAYABLE TO:
AND MAIL TO:

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

Voucher 3

(Calendar Year - Due October 31, 2013)

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