

H-1040 • ES  
**2019**

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, 2020)

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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**2019**

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**Voucher 3**

(Calendar Year - Due September 30, 2019)

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 June 30, 2019)

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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**2019**

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EATON RAPIDS, MI 48827-0209

**Voucher 1**

(Calendar Year - Due April 30, 2019)

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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**PLEASE TYPE OR PRINT**