

H-1040 • ES  
**2021**

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, 2022)

|                                                                |                             |                                                                                                                                                                                                                     |
|----------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YOUR SOCIAL SECURITY NO.                                       | SPOUSES SOCIAL SECURITY NO. | IF CORPORATION OR PARTNERSHIP<br>FEDERAL I.D. NUMBER                                                                                                                                                                |
| FIRST & LAST NAME AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT |                             | PAYMENT IS<br>FOR<br>YEAR<br>ENDING _____<br>MONTH YEAR<br><b>CITY OF HAMTRAMCK<br/>ESTIMATED<br/>TAX PAYMENT</b><br><br>TOTAL<br>ESTIMATE<br>AMOUNT OF<br>THIS PAYMENT \$ _____<br>(TO BE USED FOR MAKING PAYMENT) |

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER

PLEASE TYPE OR PRINT

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**Voucher 3**

(Calendar Year - Due September 30, 2021)

|                                                                |                             |                                                                                                                                                                                                                     |
|----------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YOUR SOCIAL SECURITY NO.                                       | SPOUSES SOCIAL SECURITY NO. | IF CORPORATION OR PARTNERSHIP<br>FEDERAL I.D. NUMBER                                                                                                                                                                |
| FIRST & LAST NAME AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT |                             | PAYMENT IS<br>FOR<br>YEAR<br>ENDING _____<br>MONTH YEAR<br><b>CITY OF HAMTRAMCK<br/>ESTIMATED<br/>TAX PAYMENT</b><br><br>TOTAL<br>ESTIMATE<br>AMOUNT OF<br>THIS PAYMENT \$ _____<br>(TO BE USED FOR MAKING PAYMENT) |

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**Voucher 2**

(Calendar Year - Due June 30, 2021)

|                                                                |                             |                                                                                                                                                                                                                     |
|----------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YOUR SOCIAL SECURITY NO.                                       | SPOUSES SOCIAL SECURITY NO. | IF CORPORATION OR PARTNERSHIP<br>FEDERAL I.D. NUMBER                                                                                                                                                                |
| FIRST & LAST NAME AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT |                             | PAYMENT IS<br>FOR<br>YEAR<br>ENDING _____<br>MONTH YEAR<br><b>CITY OF HAMTRAMCK<br/>ESTIMATED<br/>TAX PAYMENT</b><br><br>TOTAL<br>ESTIMATE<br>AMOUNT OF<br>THIS PAYMENT \$ _____<br>(TO BE USED FOR MAKING PAYMENT) |

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**Voucher 1**

(Calendar Year - Due April 30, 2021)

|                                                                |                             |                                                                                                                                                                                                                     |
|----------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YOUR SOCIAL SECURITY NO.                                       | SPOUSES SOCIAL SECURITY NO. | IF CORPORATION OR PARTNERSHIP<br>FEDERAL I.D. NUMBER                                                                                                                                                                |
| FIRST & LAST NAME AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT |                             | PAYMENT IS<br>FOR<br>YEAR<br>ENDING _____<br>MONTH YEAR<br><b>CITY OF HAMTRAMCK<br/>ESTIMATED<br/>TAX PAYMENT</b><br><br>TOTAL<br>ESTIMATE<br>AMOUNT OF<br>THIS PAYMENT \$ _____<br>(TO BE USED FOR MAKING PAYMENT) |

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER

PLEASE TYPE OR PRINT