

**2015  
P-1040-ES**

MAIL PAYMENT AND  
ESTIMATE FORM TO:  
DO **NOT** SEND CASH

**CITY OF PONTIAC  
ESTIMATED TAX PAYMENTS  
P.O. BOX 530  
EATON RAPIDS, MI 48827-0530**

VOUCHER NO.

**1 Q**

FISCAL YEAR - DUE END OF 4TH MONTH  
CALENDAR YEAR - DUE APRIL 30, 2015

CHECK BOX FOR FISCAL  
YEAR BEGINNING IN 2014

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

FEDERAL TAX IDENTIFICATION NUMBER  
CORPORATION  OR PARTNERSHIP

PLEASE TYPE OR PRINT LAST NAME, FIRST NAME, AND MIDDLE INITIAL OF TAXPAYER  
PROVIDE NAMES OF BOTH SPOUSES IF THIS IS A JOINT PAYMENT  
(COMPLETE ADDRESS REQUIRED)

**CITY OF PONTIAC**  
ESTIMATED TAX PAYMENT

TOTAL ESTIMATED TAX FOR THE YEAR \$ \_\_\_\_\_

OVERPAYMENT FROM LAST YEAR  
CREDITED TO THIS YEAR'S TAXES \$ \_\_\_\_\_

AMOUNT OF ENCLOSED PAYMENT \$ \_\_\_\_\_

CHECK / MONEY ORDER # \_\_\_\_\_

PAYABLE TO: **TREASURER, CITY OF PONTIAC**

DO NOT WRITE BELOW THIS LINE

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P-1040-ES**

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P.O. BOX 530  
EATON RAPIDS, MI 48827-0530**

VOUCHER NO.

**2 Q**

FISCAL YEAR - DUE END OF 6TH MONTH  
CALENDAR YEAR - DUE JUNE 30, 2015

CHECK BOX FOR FISCAL  
YEAR BEGINNING IN 2014

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

FEDERAL TAX IDENTIFICATION NUMBER  
CORPORATION  OR PARTNERSHIP

PLEASE TYPE OR PRINT LAST NAME, FIRST NAME, AND MIDDLE INITIAL OF TAXPAYER  
PROVIDE NAMES OF BOTH SPOUSES IF THIS IS A JOINT PAYMENT  
(COMPLETE ADDRESS REQUIRED)

**CITY OF PONTIAC**  
ESTIMATED TAX PAYMENT

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OVERPAYMENT FROM LAST YEAR  
CREDITED TO THIS YEAR'S TAXES \$ \_\_\_\_\_

AMOUNT OF ENCLOSED PAYMENT \$ \_\_\_\_\_

CHECK / MONEY ORDER # \_\_\_\_\_

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P.O. BOX 530  
EATON RAPIDS, MI 48827-0530**

VOUCHER NO.

**3 Q**

FISCAL YEAR - DUE END OF 9TH MONTH  
CALENDAR YEAR - DUE SEPTEMBER 30, 2015

CHECK BOX FOR FISCAL  
YEAR BEGINNING IN 2014

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

FEDERAL TAX IDENTIFICATION NUMBER  
CORPORATION  OR PARTNERSHIP

PLEASE TYPE OR PRINT LAST NAME, FIRST NAME, AND MIDDLE INITIAL OF TAXPAYER  
PROVIDE NAMES OF BOTH SPOUSES IF THIS IS A JOINT PAYMENT  
(COMPLETE ADDRESS REQUIRED)

**CITY OF PONTIAC**  
ESTIMATED TAX PAYMENT

TOTAL ESTIMATED TAX FOR THE YEAR \$ \_\_\_\_\_

OVERPAYMENT FROM LAST YEAR  
CREDITED TO THIS YEAR'S TAXES \$ \_\_\_\_\_

AMOUNT OF ENCLOSED PAYMENT \$ \_\_\_\_\_

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VOUCHER NO.

**4 Q**

FISCAL YEAR - DUE END OF 13TH MONTH  
CALENDAR YEAR - DUE JANUARY 31, 2016

CHECK BOX FOR FISCAL  
YEAR BEGINNING IN 2014

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

FEDERAL TAX IDENTIFICATION NUMBER  
CORPORATION  OR PARTNERSHIP

PLEASE TYPE OR PRINT LAST NAME, FIRST NAME, AND MIDDLE INITIAL OF TAXPAYER  
PROVIDE NAMES OF BOTH SPOUSES IF THIS IS A JOINT PAYMENT  
(COMPLETE ADDRESS REQUIRED)

**CITY OF PONTIAC**  
ESTIMATED TAX PAYMENT

TOTAL ESTIMATED TAX FOR THE YEAR \$ \_\_\_\_\_

OVERPAYMENT FROM LAST YEAR  
CREDITED TO THIS YEAR'S TAXES \$ \_\_\_\_\_

AMOUNT OF ENCLOSED PAYMENT \$ \_\_\_\_\_

CHECK / MONEY ORDER # \_\_\_\_\_

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