

**2018
P-1040-ES**

CHECK BOX FOR FISCAL YEAR BEGINNING IN 2017

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, 2018

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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VOUCHER NO.

2 Q

FISCAL YEAR - DUE END OF 6TH MONTH
CALENDAR YEAR - DUE JUNE 30, 2018

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.

3 Q

FISCAL YEAR - DUE END OF 9TH MONTH
CALENDAR YEAR - DUE SEPTEMBER 30, 2018

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 \$ _____
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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, 2019

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**

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