

**2019
P-1040-ES**

CHECK BOX FOR FISCAL
YEAR BEGINNING IN 2018

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, 2019

YOUR SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER	FEDERAL TAX IDENTIFICATION NUMBER CORPORATION <input type="checkbox"/> OR PARTNERSHIP <input type="checkbox"/>
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)		<p>CITY OF PONTIAC ESTIMATED TAX PAYMENT</p> <p>TOTAL ESTIMATED TAX FOR THE YEAR \$ _____</p> <p>OVERPAYMENT FROM LAST YEAR CREDITED TO THIS YEAR'S TAXES \$ _____</p> <p>AMOUNT OF ENCLOSED PAYMENT \$ _____</p> <p>CHECK / MONEY ORDER # _____</p> <p>PAYABLE TO: TREASURER, CITY OF PONTIAC</p>
DO NOT WRITE BELOW THIS LINE		

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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, 2019

YOUR SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER	FEDERAL TAX IDENTIFICATION NUMBER CORPORATION <input type="checkbox"/> OR PARTNERSHIP <input type="checkbox"/>
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)		<p>CITY OF PONTIAC ESTIMATED TAX PAYMENT</p> <p>TOTAL ESTIMATED TAX FOR THE YEAR \$ _____</p> <p>OVERPAYMENT FROM LAST YEAR CREDITED TO THIS YEAR'S TAXES \$ _____</p> <p>AMOUNT OF ENCLOSED PAYMENT \$ _____</p> <p>CHECK / MONEY ORDER # _____</p> <p>PAYABLE TO: TREASURER, CITY OF PONTIAC</p>
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VOUCHER NO. **3 Q**
FISCAL YEAR - DUE END OF 9TH MONTH
CALENDAR YEAR - DUE SEPTEMBER 30, 2019

YOUR SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER	FEDERAL TAX IDENTIFICATION NUMBER CORPORATION <input type="checkbox"/> OR PARTNERSHIP <input type="checkbox"/>
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)		<p>CITY OF PONTIAC ESTIMATED TAX PAYMENT</p> <p>TOTAL ESTIMATED TAX FOR THE YEAR \$ _____</p> <p>OVERPAYMENT FROM LAST YEAR CREDITED TO THIS YEAR'S TAXES \$ _____</p> <p>AMOUNT OF ENCLOSED PAYMENT \$ _____</p> <p>CHECK / MONEY ORDER # _____</p> <p>PAYABLE TO: TREASURER, CITY OF PONTIAC</p>
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EATON RAPIDS, MI 48827-0530**

VOUCHER NO. **4 Q**
FISCAL YEAR - DUE END OF 13TH MONTH
CALENDAR YEAR - DUE JANUARY 31, 2020

YOUR SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER	FEDERAL TAX IDENTIFICATION NUMBER CORPORATION <input type="checkbox"/> OR PARTNERSHIP <input type="checkbox"/>
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)		<p>CITY OF PONTIAC ESTIMATED TAX PAYMENT</p> <p>TOTAL ESTIMATED TAX FOR THE YEAR \$ _____</p> <p>OVERPAYMENT FROM LAST YEAR CREDITED TO THIS YEAR'S TAXES \$ _____</p> <p>AMOUNT OF ENCLOSED PAYMENT \$ _____</p> <p>CHECK / MONEY ORDER # _____</p> <p>PAYABLE TO: TREASURER, CITY OF PONTIAC</p>
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