

<b>2024</b>	<b>CITY OF PONTIAC INCOME TAX DEPARTMENT</b> Declaration of Estimated Income Tax/Quarterly statement of account for calendar year 2024 or fiscal year ending _____, 20____ due after 4 <sup>TH</sup> month		<b>VOUCHER NO. 1</b>	<b>DUE DATE APRIL 30, 2024</b>
	SOCIAL SECURITY NUMBER OR FEDERAL I.D. NUMBER	SPOUSE SOCIAL SECURITY NUMBER		
TAXPAYER'S NAME AND ADDRESS			ESTIMATED TAX \$ _____ <b>.00</b>	PAYMENT AMOUNT \$ _____ <b>.00</b>
<b>MAKE CHECKS PAYABLE AND MAIL TO: CITY OF PONTIAC ESTIMATED PAYMENTS - P.O. BOX 530, EATON RAPIDS, MI 48827</b> <b>2024 EST 1Q</b>				

<b>2024</b>	<b>CITY OF PONTIAC INCOME TAX DEPARTMENT</b> Declaration of Estimated Income Tax/Quarterly statement of account for calendar year 2024 or fiscal year ending _____, 20____ due after 6 <sup>TH</sup> month		<b>VOUCHER NO. 2</b>	<b>DUE DATE JULY 1, 2024</b>
	SOCIAL SECURITY NUMBER OR FEDERAL I.D. NUMBER	SPOUSE SOCIAL SECURITY NUMBER		
TAXPAYER'S NAME AND ADDRESS			ESTIMATED TAX \$ _____ <b>.00</b>	PAYMENT AMOUNT \$ _____ <b>.00</b>
<b>MAKE CHECKS PAYABLE AND MAIL TO: CITY OF PONTIAC ESTIMATED PAYMENTS - P.O. BOX 530, EATON RAPIDS, MI 48827</b> <b>2024 EST 2Q</b>				

<b>2024</b>	<b>CITY OF PONTIAC INCOME TAX DEPARTMENT</b> Declaration of Estimated Income Tax/Quarterly statement of account for calendar year 2024 or fiscal year ending _____, 20____ due after 9 <sup>TH</sup> month		<b>VOUCHER NO. 3</b>	<b>DUE DATE SEPTEMBER 30, 2024</b>
	SOCIAL SECURITY NUMBER OR FEDERAL I.D. NUMBER	SPOUSE SOCIAL SECURITY NUMBER		
TAXPAYER'S NAME AND ADDRESS			ESTIMATED TAX \$ _____ <b>.00</b>	PAYMENT AMOUNT \$ _____ <b>.00</b>
<b>MAKE CHECKS PAYABLE AND MAIL TO: CITY OF PONTIAC ESTIMATED PAYMENTS - P.O. BOX 530, EATON RAPIDS, MI 48827</b> <b>2024 EST 3Q</b>				

<b>2024</b>	<b>CITY OF PONTIAC INCOME TAX DEPARTMENT</b> Declaration of Estimated Income Tax/Quarterly statement of account for calendar year 2024 or fiscal year ending _____, 20____ due after 13 <sup>TH</sup> month		<b>VOUCHER NO. 4</b>	<b>DUE DATE JANUARY 31, 2025</b>
	SOCIAL SECURITY NUMBER OR FEDERAL I.D. NUMBER	SPOUSE SOCIAL SECURITY NUMBER		
TAXPAYER'S NAME AND ADDRESS			ESTIMATED TAX \$ _____ <b>.00</b>	PAYMENT AMOUNT \$ _____ <b>.00</b>
<b>MAKE CHECKS PAYABLE AND MAIL TO: CITY OF PONTIAC ESTIMATED PAYMENTS - P.O. BOX 530, EATON RAPIDS, MI 48827</b> <b>2024 EST 4Q</b>				