

**2023  
P-1040-ES**

CHECK BOX FOR FISCAL YEAR BEGINNING IN 2022

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 13TH MONTH  
CALENDAR YEAR - DUE APRIL 30, 2023

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)		<b>CITY OF PONTIAC</b> 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: <b>TREASURER, CITY OF PONTIAC</b>
DO NOT WRITE BELOW THIS LINE		

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ESTIMATED TAX PAYMENTS  
P.O. BOX 530  
EATON RAPIDS, MI 48827-0530

VOUCHER NO. **2 Q**

FISCAL YEAR - DUE END OF 13TH MONTH  
CALENDAR YEAR - DUE JUNE 30, 2023

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)		<b>CITY OF PONTIAC</b> 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: <b>TREASURER, CITY OF PONTIAC</b>
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ESTIMATED TAX PAYMENTS  
P.O. BOX 530  
EATON RAPIDS, MI 48827-0530

VOUCHER NO. **3 Q**

FISCAL YEAR - DUE END OF 13TH MONTH  
CALENDAR YEAR - DUE SEPTEMBER 30, 2023

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)		<b>CITY OF PONTIAC</b> 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: <b>TREASURER, CITY OF PONTIAC</b>
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ESTIMATED TAX PAYMENTS  
P.O. BOX 530  
EATON RAPIDS, MI 48827-0530

VOUCHER NO. **4 Q**

FISCAL YEAR - DUE END OF 13TH MONTH  
CALENDAR YEAR - DUE JANUARY 31, 2024

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)		<b>CITY OF PONTIAC</b> 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: <b>TREASURER, CITY OF PONTIAC</b>
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