

D-1040-ES **2016**

MAKE CHECK & MAIL TO

DEPT. 21601
TREASURER CITY OF DETROIT
INCOME TAX
P.O. BOX 67000
DETROIT, MICHIGAN 48267-0216

Voucher **4**

Calendar Year — Due January 31, 2017

CHECK BOX FOR FISCAL YEAR BEGINNING IN 2015

CORPORATION OR PARTNERSHIP
FEDERAL I.D. NUMBER

Individual filers DO NOT USE this form
Please visit www.michigan.gov/taxes to obtain 2016 forms

COMPANY NAME

ADDRESS

CITY STATE ZIP

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER

**CITY OF DETROIT
ESTIMATED
TAX PAYMENT**

AMOUNT OF PAYMENT \$ _____ .00

Fiscal year filers enter year ending _____ (month and year)

(To be used for making payment)

PLEASE
TYPE
OR
PRINT

REMOVE THIS STUB BEFORE MAILING

D-1040-ES **2016**

MAKE CHECK & MAIL TO

DEPT. 21601
TREASURER CITY OF DETROIT
INCOME TAX
P.O. BOX 67000
DETROIT, MICHIGAN 48267-0216

Voucher **3**

Calendar Year — Due September 30, 2016

CHECK BOX FOR FISCAL YEAR BEGINNING IN 2015

CORPORATION OR PARTNERSHIP
FEDERAL I.D. NUMBER

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COMPANY NAME

ADDRESS

CITY STATE ZIP

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER

**CITY OF DETROIT
ESTIMATED
TAX PAYMENT**

AMOUNT OF PAYMENT \$ _____ .00

Fiscal year filers enter year ending _____ (month and year)

(To be used for making payment)

PLEASE
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OR
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REMOVE THIS STUB BEFORE MAILING

D-1040-ES **2016**

MAKE CHECK & MAIL TO

DEPT. 21601
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DETROIT, MICHIGAN 48267-0216

Voucher **2**

Calendar Year — Due June 30, 2016

CHECK BOX FOR FISCAL YEAR BEGINNING IN 2015

CORPORATION OR PARTNERSHIP
FEDERAL I.D. NUMBER

Individual filers DO NOT USE this form
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COMPANY NAME

ADDRESS

CITY STATE ZIP

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER

**CITY OF DETROIT
ESTIMATED
TAX PAYMENT**

AMOUNT OF PAYMENT \$ _____ .00

Fiscal year filers enter year ending _____ (month and year)

(To be used for making payment)

PLEASE
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OR
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D-1040-ES **2016**

MAKE CHECK & MAIL TO

DEPT. 21601
TREASURER CITY OF DETROIT
INCOME TAX
P.O. BOX 67000
DETROIT, MICHIGAN 48267-0216

Voucher **1**

Calendar Year — Due April 30, 2016

CHECK BOX FOR FISCAL YEAR BEGINNING IN 2015

CORPORATION OR PARTNERSHIP
FEDERAL I.D. NUMBER

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COMPANY NAME

ADDRESS

CITY STATE ZIP

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER

**CITY OF DETROIT
ESTIMATED
TAX PAYMENT**

AMOUNT OF PAYMENT \$ _____ .00

Fiscal year filers enter year ending _____ (month and year)

(To be used for making payment)

PLEASE
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