CF-1040ES GRAYLING 2024 EST 01Q

ESTIMATED INCOME TAX PAYMENT VOUCHER FIRST QUARTER - PAYMENT DUE APRIL 30, 2024

Taxpayer Name:							
Social Security No:							
Due on or Before:	4/30/2024, for	tax year 2024					
Payment:	\$						
Payment Method:	number, dayti • DO NOT SEN	me phone num ID CASH.	noney order payable to ber, and "2024 GR-10 lease refer to our web:	40ES" on your payr	nent.	ur social sec	curity
Additional Information	payments und		vn social security num				
Address for Payment	PO Box 515	ng Income Tax I					
Taxpayer Records:	Amount Paid: Check Numbe Date Mailed:	er:					
KEEP TOP PC	RTION FOR	OUR RECO	RDS. SEND BOT V detach here V	TOM PORTION \	WITH YO	UR PAYM	ENT
CF-1040ES	FIRST QI	JARTER ESTIN	GRAYLING MATED INCOME TAX	PAYMENT VOUC	HER	2024	EST 01Q
NACTP#	EFIN#			PAYMENT VOL	JCHER 1	Due Date:	: 04/30/2024
Taxpayer's first name, initial, last nar	ne	<u>'</u>	Taxpayer's SSN				
If joint return spouse's first name, initial, last name		If joint payment, spouse's SSN					
Present home address (Number and street) Apt. no.			Notes				
Address line 2 (P.O. Box address for	mailing use only)						
City, town or post office	State Zip	code					
Foreign country name, province/cour	nty, postal code		Amount of estimated tax money order	you are paying by check	cor	Round to neares	t dollar

CF-1040ES GRAYLING 2024 EST 02Q

ESTIMATED INCOME TAX PAYMENT VOUCHER SECOND QUARTER - PAYMENT DUE JULY 1, 2024

Taxpayer Name:				
Social Security No:				
Due on or Before:	7/1/2024, for tax	year 2024		
Payment:	\$			
Payment Method:		y check or money order payable to daytime phone number, and "202 CASH		
	• To pay by debit/o	credit card please refer to our web	osite: www.cityofgrayling.org	
Additional Informatio	payments under	joint filing taxpayer may use this phis or her own social security nurthis payment voucher.		
Address for Paymen	t: City of Grayling I	ncome Tax Division		
	PO Box 515			
	Eaton Rapids, M	II 48827-0515		
Taxpayer Records: KEEP TOP PO	Amount Paid: Check Number: Date Mailed: ORTION FOR YO	UR RECORDS. SEND BOT	TOM PORTION WITH YO	DUR PAYMENT
		V DETACH HERE V		
CF-1040ES	SECOND QUA	GRAYLING ARTER ESTIMATED INCOME TA	AX PAYMENT VOUCHER	2024 EST 02Q
NACTP#	EFIN#		PAYMENT VOUCHER 2	Due Date: 07/1/2024
Taxpayer's first name, initial, last na	me	Taxpayer's SSN		
If joint return spouse's first name, initial, last name		If joint payment, spouse's SSN	1	
Present home address (Number and	d street) Apt. r	no. Notes		
Address line 2 (P.O. Box address fo	r mailing use only)			
City, town or post office	State Zip cod	le		
Foreign country name, province/cou	nty, postal code		you are paying by check or	Round to nearest dollar
		money order		.00

CF-1040ES GRAYLING 2024 EST 03Q

ESTIMATED INCOME TAX PAYMENT VOUCHER THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2024

Taxpayer Name:									
Social Security No:									
Due on or Before:	9/30/20	24, for tax	year 2024						
Payment:	\$								
Payment Method:	security		daytime pho	noney order payable to one number, and "202				I	
	• To pay	by credit c	ard please	refer to our website: w	ww.cityofgrayling.o	rg			
Additional Informatio	paymer	nts under h		vn social security num					
Address for Paymen	PO Box	x 515	come Tax I 48827-05						
Taxpayer Records:	Amount Check I Date M	Number:							
KEEP TOP PC	ORTION F	FOR YOU	JR RECO	RDS. SEND BOT V detach here V	TOM PORTION \	WITH YO	UR PA	\YM	ENT
CF-1040ES	THI	RD QUAR	TER ESTIN	GRAYLING MATED INCOME TAX	PAYMENT VOUC	HER	20)24	EST 03Q
	EFIN#				PAYMENT VOL	JCHER 3	Due [)ate:	09/30/2024
Taxpayer's first name, initial, last na	me			Taxpayer's SSN					
If joint return spouse's first name, initial, last name			If joint payment, spouse's SSN						
Present home address (Number and	i street)	Apt. no).	Notes					
Address line 2 (P.O. Box address for	r mailing use on	ıly)							
City, town or post office	S	tate Zip code							
Foreign country name, province/county, postal code			Amount of estimated tax money order	timated tax you are paying by check or Round to nearest dollar					

CF-1040ES 2024 EST 04Q

GRAYLING ESTIMATED INCOME TAX PAYMENT VOUCHER FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2025

Taxpayer Name:							
Social Security No:							
Due on or Before:	1/31/2025,	for tax year 2024					
Payment:	\$						
,	security nu DO NOT S	mber, daytime pho END CASH	noney order payable to one number, and "202 refer to our website: v	4 CF-1040ES" on yoเ	ur paymer		
Additional Information:	payments		vn social security num				
Address for Payment:	PO Box 51						
Taxpayer Records:	Amount Pa Check Nur Date Maile	nber:					
KEEP TOP POF	RTION FOI	R YOUR RECO	RDS. SEND BOT V detach here V	TOM PORTION W	TH YO	UR PAYME	NT
CF-1040ES	FOURT	H QUARTER EST	GRAYLING IMATED INCOME TA	X PAYMENT VOUCH	IER	2024 E	EST 04Q
	IN#		IT	PAYMENT VOUC	HER 4	Due Date: ()1/31/2025
Taxpayer's first name, initial, last name			Taxpayer's SSN				
If joint return spouse's first name, initial, last name			If joint payment, spouse's SSN				
Present home address (Number and street) Apt. no.			Notes				
Address line 2 (P.O. Box address for m	ailing use only)						
City, town or post office	State	Zip code					
Foreign country name, province/county	, postal code		Amount of estimated tax money order	you are paying by check o	ır	Round to nearest do	ollar .00