

I-1040ES-EFT

IONIA
ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
FIRST QUARTER - PAYMENT DUE APRIL 30, 2019

2019 EST 01Q

Taxpayer Name: [] Bank Routing Number: []
Social Security No: [] Bank Account Number: []
Due on or Before: 04/30/2019, for tax year 2019 Type of Bank Account [] Checking [] Savings
Payment: \$ [] Elective Withdrawal Date: []

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for the City of Ionia to directly withdrawal your payment from your bank account.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment: City of Ionia Income Tax Division
PO Box 512
Ionia, MI 48846

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT
V DETACH HERE V

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FIRST QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

2019 EST 01Q

NACTP # [] EFIN # [] PAYMENT VOUCHER 1 Due Date: 04/30/2019
Table with fields: Taxpayer's first name, initial, last name; Taxpayer's SSN; Bank routing number; Type of account; Checking; Savings; If joint return spouse's first name, initial, last name; If joint payment, spouse's SSN; Bank account number; Elective withdrawal date; 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/county, postal code; Amount of estimated tax you are authorizing the City of Ionia to deduct from your bank account; Round to nearest dollar.

I-1040ES-EFT

IONIA
ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE JUNE 30, 2019

2019 EST 02Q

Taxpayer Name: [] Bank Routing Number: []
Social Security No: [] Bank Account Number: []
Due on or Before: 06/30/2019, for tax year 2019 Type of Bank Account: [] Checking [] Savings
Payment: \$ [] Elective Withdrawal Date: []

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for the City of Ionia to directly withdrawal your payment from your bank account.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment: City of Ionia Income Tax Division
PO Box 512
Ionia, MI 48846

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

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IONIA
SECOND QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

2019 EST 02Q

NACTP # [] EFIN # [] PAYMENT VOUCHER 2 Due Date: 06/30/2019
Table with fields: Taxpayer's first name, initial, last name; Taxpayer's SSN; Bank routing number; Type of account; Checking; Savings; If joint return spouse's first name, initial, last name; If joint payment, spouse's SSN; Bank account number; Elective withdrawal date; 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/county, postal code; Amount of estimated tax you are authorizing the City of Ionia to deduct from your bank account; Round to nearest dollar .00

I-1040ES-EFT

IONIA

2019 EST 03Q

**ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2019**

Taxpayer Name: Bank Routing Number:

Social Security No: Bank Account Number:

Due on or Before: 09/30/2019, for tax year 2019 Type of Bank Account: Checking Savings

Payment: \$ Elective Withdrawal Date:

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for the City of Ionia to directly withdrawal your payment from your bank account.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment: City of Ionia Income Tax Division
PO Box 512
Ionia, MI 48846

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT
V DETACH HERE V

I-1040ES-EFT

IONIA

2019 EST 03Q

THIRD QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

NACTP # EFIN # PAYMENT VOUCHER 3 Due Date: 09/30/2019

Taxpayer's first name, initial, last name		Taxpayer's SSN	Bank routing number	Type of account	Checking Savings
If joint estimated paymnet, spouse's first name, initial, last name		If joint payment, spouse's SSN	Bank account number	Elective withdrawal date	
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				
Foreign country name, province/county, postal code		Amount of estimated tax you are authorizing the City of Ionia to deduct from your bank account		Round to nearest dollar .00	

I-1040ES-EFT

IONIA
ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2020

2019 EST 04Q

Taxpayer Name: Bank Routing Number:

Social Security No: Bank Account Number:

Due on or Before: 01/31/2020, for tax year 2019 Type of Bank Account: Checking Savings

Payment: \$ Elective Withdrawal Date:

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for the City of Ionia to directly withdrawal your payment from your bank account.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment: City of Ionia Income Tax Division
PO Box 512
Ionia, MI 48846

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT
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IONIA
FOURTH QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

2019 EST 04Q

NACTP # EFIN # PAYMENT VOUCHER 4 Due Date: 01/31/2020

Taxpayer's first name, initial, last name		Taxpayer's SSN		Bank routing number		Type of account		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
If joint return spouse's first name, initial, last name		If joint payment, spouse's SSN		Bank account number		Elective withdrawal date				
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/county, postal code				Amount of estimated tax you are authorizing the City of Ionia to deduct from your bank account				Round to nearest dollar		.00