

I-1040ES

IONIA
ESTIMATED INCOME TAX PAYMENT VOUCHER
FIRST QUARTER - PAYMENT DUE APRIL 30, 2020

2020 EST 01Q

Taxpayer Name:

Social Security No:

Due on or Before: 4/30/2020, for tax year 2020

Payment: \$

- Payment Method:
- Make payment by check or money order payable to "City of IONIA." Write your social security number, daytime phone number, and "2020 I-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form I-1040ES-EFT.
 - To pay by credit card please refer to our website: www.cityofionia.org

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: _____
 Check Number: _____
 Date Mailed: _____

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

I-1040ES

IONIA
FIRST QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2020 EST 01Q

NACTP # EFIN #

PAYMENT VOUCHER 1 Due Date: 04/30/2020

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 mailing use only)					
City, town or post office	State				
Foreign country name, province/county, postal code		Amount of estimated tax you are paying by check or money order		Round to nearest dollar .00	

I-1040ES

IONIA
ESTIMATED INCOME TAX PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE JUNE 30, 2020

2020 EST 02Q

Taxpayer Name:

Social Security No:

Due on or Before: 6/30/2020, for tax year 2020

Payment: \$

- Payment Method:
- Make payment by check or money order payable to "City of IONIA." Write your social security number, daytime phone number, and "2020 I-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form I-1040ES-EFT.
 - To pay by credit card please refer to our website: www.cityofionia.org

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: _____
 Check Number: _____
 Date Mailed: _____

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

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IONIA
SECOND QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2020 EST 02Q

NACTP # EFIN #

PAYMENT VOUCHER 2 Due Date: 06/30/2020

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 mailing use only)										
City, town or post office	State	Zip code								
Foreign country name, province/county, postal code			Amount of estimated tax you are paying by check or money order					Round to nearest dollar		.00

I-1040ES

IONIA

2020 EST 03Q

**ESTIMATED INCOME TAX PAYMENT VOUCHER
THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2020**

Taxpayer Name:

Social Security No:

Due on or Before: 9/30/2020, for tax year 2020

Payment: \$

- Payment Method:
- Make payment by check or money order payable to "City of IONIA." Write your social security number, daytime phone number, and "2020 I-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form I-1040ES-EFT.
 - To pay by credit card please refer to our website: www.cityofionia.org

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: _____
Check Number: _____
Date Mailed: _____

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

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IONIA

2020 EST 03Q

THIRD QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

NACTP #

EFIN #

PAYMENT VOUCHER 3

Due Date: 09/30/2020

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 mailing use only)					
City, town or post office	State				
Foreign country name, province/county, postal code		Amount of estimated tax you are paying by check or money order		Round to nearest dollar	
				.00	

I-1040ES

IONIA
ESTIMATED INCOME TAX PAYMENT VOUCHER
FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2021

2020 EST 04Q

Taxpayer Name:

Social Security No:

Due on or Before: 1/31/2021, for tax year 2020

Payment: \$

- Payment Method:
- Make payment by check or money order payable to "City of IONIA." Write your social security number, daytime phone number, and "2020 I-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form I-1040ES-EFT.
 - To pay by credit card please refer to our website: www.cityofionia.org

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: _____
 Check Number: _____
 Date Mailed: _____

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

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I-1040ES

IONIA
FOURTH QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2020 EST 04Q

NACTP # EFIN #

PAYMENT VOUCHER 4 Due Date: 01/31/2021

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 mailing use only)										
City, town or post office	State	Zip code								
Foreign country name, province/county, postal code			Amount of estimated tax you are paying by check or money order					Round to nearest dollar		.00