

**BC-1040 EST/BC-1120 EST**

Calendar year Payer Due Date:



**CITY OF BATTLE CREEK**

**April 30**

ESTIMATED TAX DECLARATION VOUCHER FOR:  
INDIVIDUALS, CORPORATIONS, PARTNERSHIPS, ESTATEES & TRUSTS

**V** NAME & ADDRESS - PLEASE PRINT OR TYPE  
**O**  
**U**  
**C**  
**H**  
**E**  
**R**

1

Check Appropriate Box(es):

- INDIVIDUAL TAXPAYER  
(Payment is only required if Annual Estimated Tax Exceeds \$100.00)
- CORPORATE TAXPAYER  
(Payment is only required if Annual Estimated Tax Exceeds \$250.00)
- FISCAL YEAR PAYER: Tax year ends  
**\*DUE 30 DAYS AFTER F/Y**

Your Social Security Number:
Spouse's Social Security Number:
FEIN:

Amount of this payment \_\_\_\_\_

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO: CITY OF BATTLE CREEK MAIL TO: CITY OF BATTLE CREEK PO BOX 1657 BATTLE CREEK MI 49016-1657

**BC-1040 EST/BC-1120 EST**

Calendar year Payer Due Date:



**CITY OF BATTLE CREEK**

**June 30**

ESTIMATED TAX DECLARATION VOUCHER FOR:  
INDIVIDUALS, CORPORATIONS, PARTNERSHIPS, ESTATEES & TRUSTS

**V** NAME & ADDRESS - PLEASE PRINT OR TYPE  
**O**  
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**H**  
**E**  
**R**

2

Check Appropriate Box(es):

- INDIVIDUAL TAXPAYER  
(Payment is only required if Annual Estimated Tax Exceeds \$100.00)
- CORPORATE TAXPAYER  
(Payment is only required if Annual Estimated Tax Exceeds \$250.00)
- FISCAL YEAR PAYER: Fiscal year ends  
**\*DUE 30 DAYS AFTER F/Y**

Your Social Security Number:
Spouse's Social Security Number:
FEIN:

Amount of this payment \_\_\_\_\_

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO: CITY OF BATTLE CREEK MAIL TO: CITY OF BATTLE CREEK PO BOX 1657 BATTLE CREEK MI 49016-1657

**BC-1040 EST/BC-1120 EST**

Calendar year Payer Due Date:



**CITY OF BATTLE CREEK**

**September 30**

ESTIMATED TAX DECLARATION VOUCHER FOR:  
INDIVIDUALS, CORPORATIONS, PARTNERSHIPS, ESTATEES & TRUSTS

**V** NAME & ADDRESS - PLEASE PRINT OR TYPE  
**O**  
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**E**  
**R**

3

Check Appropriate Box(es):

- INDIVIDUAL TAXPAYER  
(Payment is only required if Annual Estimated Tax Exceeds \$100.00)
- CORPORATE TAXPAYER  
(Payment is only required if Annual Estimated Tax Exceeds \$250.00)
- FISCAL YEAR PAYER: Fiscal year ends  
**\*DUE 30 DAYS AFTER F/Y**

Your Social Security Number:
Spouse's Social Security Number:
FEIN:

Amount of this payment \_\_\_\_\_

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO: CITY OF BATTLE CREEK MAIL TO: CITY OF BATTLE CREEK PO BOX 1657 BATTLE CREEK MI 49016-1657

**BC-1040 EST/BC-1120 EST**

Calendar year Payer Due Date:



**CITY OF BATTLE CREEK**

**January 31**

ESTIMATED TAX DECLARATION VOUCHER FOR:  
INDIVIDUALS, CORPORATIONS, PARTNERSHIPS, ESTATEES & TRUSTS

**V** NAME & ADDRESS - PLEASE PRINT OR TYPE  
**O**  
**U**  
**C**  
**H**  
**E**  
**R**

4

Check Appropriate Box(es):

- INDIVIDUAL TAXPAYER  
(Payment is only required if Annual Estimated Tax Exceeds \$100.00)
- CORPORATE TAXPAYER  
(Payment is only required if Annual Estimated Tax Exceeds \$250.00)
- FISCAL YEAR PAYER: Fiscal year ends  
**\*DUE 30 DAYS AFTER F/Y**

Your Social Security Number:
Spouse's Social Security Number:
FEIN:

Amount of this payment \_\_\_\_\_

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO: CITY OF BATTLE CREEK MAIL TO: CITY OF BATTLE CREEK PO BOX 1657 BATTLE CREEK MI 49016-1657