

BC-1040 EST/BC-1120 EST

Calendar year Payer Due Date:



CITY OF BATTLE CREEK

April 30, 20_____

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

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

V NAME & ADDRESS - PLEASE PRINT OR TYPE

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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**

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, 20_____

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

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

V NAME & ADDRESS - PLEASE PRINT OR TYPE

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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**

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, 20_____

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

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

V NAME & ADDRESS - PLEASE PRINT OR TYPE

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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**

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, 20_____

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

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

V NAME & ADDRESS - PLEASE PRINT OR TYPE

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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**

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