ESTIMATED INCOME TAX PAYMENT VOUCHER FIRST QUARTER - PAYMENT DUE APRIL 30, 2021

Taxpayer Name:					
Social Security No:					
Due on or Before:	4/30/2021,	for tax year 2021			
Payment:	\$				
•	number, da DO NOT S	aytime phone num END CASH.	ber, and "2021 GR-10	o "City of Grayling". Write 140ES" on your payment. site: www.cityofgrayling.org	
Additional Information:	payments		vn social security num	ayment voucher to make e ber by listing their name ar	
Address for Payment:	PO Box 51				
Taxpayer Records:	Amount Pa Check Nur Date Maile	nber:			
	RTION FOI	R YOUR RECO	RDS. SEND BOT V detach here V	TOM PORTION WITH	
CF-1040ES	FIRST	QUARTER ESTIN	GRAYLING MATED INCOME TAX	PAYMENT VOUCHER	2021 EST 01C
NACTP # EF	N #		Taxpayer's SSN	PAYMENT VOUCHER	1 Due Date: 04/30/2021
raxpayers instriame, initial, last hame			Taxpayer's SSIN		
If joint return spouse's first name, initial, last name			If joint payment, spouse's SSN		
Present home address (Number and str	reet)	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 or	Round to nearest dollar

CF-1040ES GRAYLING 2021 EST 02Q

ESTIMATED INCOME TAX PAYMENT VOUCHER SECOND QUARTER - PAYMENT DUE JUNE 30, 2021

	,, pod.a. 5546	Amount of estimated to money order	ax you are paying by check or	.00
City, town or post office Foreign country name, province/coul	State Zip code			Round to nearest dollar
Address line 2 (P.O. Box address for				
Present home address (Number and		Notes		
If joint return spouse's first name, initial, last name		If joint payment, spouse's S	SN	
Taxpayer's first name, initial, last nar		Taxpayer's SSN		
	EFIN#		PAYMENT VOUCHER	2 Due Date: 06/30/2021
CF-1040ES	SECOND OHAD	GRAYLING TER ESTIMATED INCOME	TAY DAYMENT VOLICHED	2021 EST 02Q
REEP TOP PC		V DETACH HERE V	TTOM PORTION WITH ` '	
VEED TOD DO			TTOM DODTION WITH	VOLID DAVAGENT
	Check Number: _ Date Mailed: _			
Taxpayer Records:	Amount Paid:			
	Eaton Rapids, MI 4	8827-0515		
Address for Paymen	t: City of Grayling Inco PO Box 515	me Tax Division		
	the taxpayer on this	payment voucher.	umber by listing their name ar	nd social security number as
Additional Informatio			s payment voucher to make e	
	To pay by debit/cred	lit card please refer to our we	ebsite: www.cityofgrayling.org)
Payment Method:		ytime phone number, and "2	e to "City of Grayling" . Write 021 CF-1040ES" on your pay	
Payment:	\$			
Due on or Before:	6/30/2021, for tax ye	ear 2021		
Social Security No:				
0 1 10 11 11				

CF-1040ES 2021 EST 03Q

GRAYLING ESTIMATED INCOME TAX PAYMENT VOUCHER THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2021

Taxpayer Name:								
Social Security No:								
Due on or Before:	9/30/2021	, for tax	year 2021					
Payment:	\$							
Payment Method:		umber, c	daytime pho	noney order payable to one number, and "202				
	• To pay by	credit c	ard please	refer to our website: w	ww.cityofgrayling.o	rg		
Additional Information	payments	under h		vn social security num				
Address for Payment	PO Box 5	15	come Tax I 48827-05					
Taxpayer Records:	Amount P Check Nu Date Maile	mber:						
KEEP TOP PO	RTION FO	R YOL	JR RECO	RDS. SEND BOT V detach here V	TOM PORTION \	WITH YO	UR PAYMI	ENT
CF-1040ES	THIRE	QUAR	TER ESTIN	GRAYLING MATED INCOME TAX	PAYMENT VOUC	HER	2021	EST 03Q
	EFIN#			Taynayar'a SSNI	PAYMENT VOL	ICHER 3	Due Date:	09/30/2021
Taxpayer's first name, initial, last name	ne			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					

CF-1040ES 2021 EST 04Q

GRAYLING ESTIMATED INCOME TAX PAYMENT VOUCHER FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2022

Taxpayer Name:							
Social Security No:							
Due on or Before:	1/31/2022,	for tax year 2021					
Payment:	\$						
,	security nu DO NOT S	mber, daytime pho END CASH	noney order payable to one number, and "202 refer to our website: v	1 CF-1040ES" on you	ur paymei		
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	/ITH YO	UR PAYME	:NT
CF-1040ES	FOURT	H QUARTER EST	GRAYLING IMATED INCOME TA	X PAYMENT VOUC	HFR	2021	EST 04Q
NACTP# EF	IN#			PAYMENT VOU		Due Date:	01/31/2022
Taxpayer's first name, initial, last name		I	Taxpayer's SSN	TATIMENT VOC	711217	Due Bute.	0110112022
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	or	Round to nearest d	ollar