**CF-1040ES GRAYLING 2022 EST 01Q** 

## ESTIMATED INCOME TAX PAYMENT VOUCHER FIRST QUARTER - PAYMENT DUE APRIL 30, 2022

Taxpayer Name:								
Social Security No:								
Due on or Before:	4/30,	for tax ye	ear 2022					
Payment:	\$							
•	number DO NO	, daytime ր T SEND C	phone num ASH.	money order payable in the state of the stat	040ES" on your payı	ment.	ur social sed	curity
Additional Information:	paymen	its under h	is or her o	axpayer may use this wn social security nur nent voucher.				
Address for Payment:	РО Вох	515	come Tax 48827-05 <sup>2</sup>					
Taxpayer Records:	Amount Check N Date Ma	lumber:						
KEEP TOP POR	TION F	OR YOU	JR RECO	RDS. SEND BOT V detach here V	TOM PORTION \	WITH YO	UR PAYM	ENT
CF-1040ES	FIR	ST QUAR	TER ESTIN	GRAYLING MATED INCOME TA)	( PAYMENT VOUCI	HER	2022	EST 01Q
NACTP# EFI					PAYMENT VOL		Due Date	: 04/30/2022
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 ma	ailing use only	<b>y</b> )		_				
City, town or post office	Sta	ate Zip code						
Foreign country name, province/county,	postal code			Amount of estimated tax	you are paying by check	cor	Round to neares	t dollar

**CF-1040ES GRAYLING 2022 EST 02Q** 

## ESTIMATED INCOME TAX PAYMENT VOUCHER SECOND QUARTER - PAYMENT DUE JUNE 30, 2022

Taxpayer Name:				
Social Security No:				
Due on or Before:	6/30, for tax ye	ear 2022		
Payment:	\$			
Payment Method:	security number, of DO NOT SEND C	check or money order payable daytime phone number, and "20 CASH redit card please refer to our web	22 CF-1040ES" on your payn	
Additional Information	payments under h	oint filing taxpayer may use this nis or her own social security nur nis payment voucher.		
Address for Payment	: City of Grayling In PO Box 515 Eaton Rapids, MI			
Taxpayer Records:	Amount Paid: Check Number: Date Mailed:			
KEEP TOP PO	RTION FOR YOU	JR RECORDS. SEND BOT V detach here V	TOM PORTION WITH Y	OUR PAYMENT
CF-1040ES	SECOND QUA	GRAYLING RTER ESTIMATED INCOME TA	AX PAYMENT VOUCHER	2022 EST 02Q
NACTP#	FIN#		PAYMENT VOUCHER 2	Due Date: 06/30/2022
Taxpayer's first name, initial, last nar	ne	Taxpayer's SSN		
If joint return spouse's first name, init	ial, last name	If joint payment, spouse's SSN	V .	
Present home address (Number and	street) Apt. no	D. Notes		
Address line 2 (P.O. Box address for	mailing use only)			
City, town or post office	State Zip code			
Foreign country name, province/cour	ty, postal code	Amount of estimated tax money order	you are paying by check or	Round to nearest dollar

**CF-1040ES** 2022 EST 03Q

## GRAYLING ESTIMATED INCOME TAX PAYMENT VOUCHER THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2022

raxpayer name:				
Social Security No:				
Due on or Before:	9/30, for tax year 2022	2		
Payment:	\$			
Payment Method:		phone number, and "202	o "City of Grayling". Write yo 22 CF-1040ES" on your payme	
Additional Informatio	n: The spouse of a joint filing	taxpayer may use this pown social security nun	payment voucher to make esting their name and a	
Address for Paymen	t: City of Grayling Income Ta PO Box 515 Eaton Rapids, MI 48827-0			
Taxpayer Records:	Amount Paid: Check Number: Date Mailed:			
KEEP TOP PC	ORTION FOR YOUR REC	ORDS. SEND BOT V DETACH HERE V	TOM PORTION WITH YO	OUR PAYMENT
CF-1040ES	THIRD QUARTER EST	GRAYLING	( PAYMENT VOUCHER	2022 EST 03Q
NACTP#	EFIN#		PAYMENT VOUCHER 3	Due Date: 09/30/2022
Taxpayer's first name, initial, last nar	me	Taxpayer's SSN		
If joint return spouse's first name, ini	tial, 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	r mailing use only)			
City, town or post office	State Zip code			
Foreign country name, province/coul	nty, postal code	Amount of estimated tax money order	you are paying by check or	Round to nearest dollar

**CF-1040ES** 2022 EST 04Q

## GRAYLING ESTIMATED INCOME TAX PAYMENT VOUCHER FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2023

Taxpayer Name:						
Social Security No:						
Due on or Before:	1/31, for	tax year 2022				
Payment:	\$					
	security nu DO NOT S	mber, daytime pho END CASH	noney order payable to one number, and "202 refer to our website: w	2 CF-1040ES" on yo	our payme	
Additional Information:	payments		vn social security num			nated income tax ocial security number as
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 V	VITH YO	UR PAYMENT
CF-1040ES	FOURT	H QUARTER EST	GRAYLING IMATED INCOME TA	X PAYMENT VOUC	HER	2022 EST 04Q
NACTP# EF	IN#			PAYMENT VOU		Due Date: 01/31/2023
Taxpayer's first name, initial, last name			Taxpayer's SSN	.,	<u> </u>	
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	or	Round to nearest dollar