

PLEASE TYPE OR PRINT

J-1040 • ES  
**2012**

PAYABLE TO:  
AND MAIL TO:

"TREASURER, CITY OF JACKSON"  
INCOME TAX, CITY HALL  
JACKSON, MICHIGAN 49201

Voucher  
**4**

(Calendar Year - Due January 31, 2013)

YOUR SOCIAL SECURITY NO.	SPOUSES SOCIAL SECURITY NO.
--------------------------	-----------------------------

LAST NAME, FIRST & MIDDLE INT. AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT

ESTIMATED TAX FOR 2012 \_\_\_\_\_

OVERPAYMENT FROM 2011 \_\_\_\_\_

PAYMENT IS FOR

YEAR ENDING \_\_\_\_\_

MONTH YEAR

AMOUNT OF PAYMENT \$ \_\_\_\_\_

(TO BE USED FOR MAKING PAYMENT)

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER

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**2012**

PAYABLE TO:  
AND MAIL TO:

"TREASURER, CITY OF JACKSON"  
INCOME TAX, CITY HALL  
JACKSON, MICHIGAN 49201

Voucher  
**3**

(Calendar Year - Due September 30, 2012)

YOUR SOCIAL SECURITY NO.	SPOUSES SOCIAL SECURITY NO.
--------------------------	-----------------------------

LAST NAME, FIRST & MIDDLE INT. AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT

ESTIMATED TAX FOR 2012 \_\_\_\_\_

OVERPAYMENT FROM 2011 \_\_\_\_\_

PAYMENT IS FOR

YEAR ENDING \_\_\_\_\_

MONTH YEAR

AMOUNT OF PAYMENT \$ \_\_\_\_\_

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JACKSON, MICHIGAN 49201

Voucher  
**2**

(Calendar Year - Due June 30, 2012)

YOUR SOCIAL SECURITY NO.	SPOUSES SOCIAL SECURITY NO.
--------------------------	-----------------------------

LAST NAME, FIRST & MIDDLE INT. AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT

ESTIMATED TAX FOR 2012 \_\_\_\_\_

OVERPAYMENT FROM 2011 \_\_\_\_\_

PAYMENT IS FOR

YEAR ENDING \_\_\_\_\_

MONTH YEAR

AMOUNT OF PAYMENT \$ \_\_\_\_\_

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INCOME TAX, CITY HALL  
JACKSON, MICHIGAN 49201

Voucher  
**1**

(Calendar Year - Due April 30, 2012)

YOUR SOCIAL SECURITY NO.	SPOUSES SOCIAL SECURITY NO.
--------------------------	-----------------------------

LAST NAME, FIRST & MIDDLE INT. AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT

ESTIMATED TAX FOR 2012 \_\_\_\_\_

OVERPAYMENT FROM 2011 \_\_\_\_\_

PAYMENT IS FOR

YEAR ENDING \_\_\_\_\_

MONTH YEAR

AMOUNT OF PAYMENT \$ \_\_\_\_\_

(TO BE USED FOR MAKING PAYMENT)

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