



SF-1040 EST/SF-1120 EST
 Calendar year Payer Due Date:
April 30, 2017

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

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

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 _____**
Amount of this payment _____

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO: CITY OF SPRINGFIELD MAIL TO: SPRINGFIELD INCOME TAX DEPARTMENT, 601 AVENUE A, SPRINGFIELD, MI 49037-7774



SF-1040 EST/SF-1120 EST
 Calendar year Payer Due Date:
June 30, 2017

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

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

NAME & ADDRESS - PLEASE PRINT OR TYPE

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- FISCAL YEAR PAYER: Fiscal year ends _____**
Amount of this payment _____

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO: CITY OF SPRINGFIELD MAIL TO: SPRINGFIELD INCOME TAX DEPARTMENT, 601 AVENUE A, SPRINGFIELD, MI 49037-7774



SF-1040 EST/SF-1120 EST
 Calendar year Payer Due Date:
September 30, 2017

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

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

NAME & ADDRESS - PLEASE PRINT OR TYPE

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Check Appropriate Box(es):

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(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 _____**
Amount of this payment _____

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SF-1040 EST/SF-1120 EST
 Calendar year Payer Due Date:
January 31, 2018

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

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

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 _____**
Amount of this payment _____

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO: CITY OF SPRINGFIELD MAIL TO: SPRINGFIELD INCOME TAX DEPARTMENT, 601 AVENUE A, SPRINGFIELD, MI 49037-7774