CITY OF WALKER

ESTIMATED INCOME TAX PAYMENT VOUCHER

W-1040ES Calendar Year - Due May 1, 2017 **2017**

FIRST QUARTER **VOUCHER 1**

TAXPAYER'S FIRST NAME, INITIAL, LAST NAME	TAXPAYER'S SOCIAL SECURITY NUMBER	CONTACT PHONE NUMBER
IF JOINT RETURN, SPOUSE'S FIRST NAME, INITIAL, LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER	
PRESENT HOME ADDRESS (NUMBER AND STREET)	AMOUNT OF ESTIMATED TAX YOU ARE PAYING	$ .00
CITY, TOWN OR POST OFFICE STATE ZIP CODE	**MAKE CHECK PAYABLE TO: WALKER CITY TREASURER OR COMPLETE BANK ACCOUNT INFORMATION FOR DIRECT WITHDRAWAL**	

ROUTING NUMBER ☐☐☐☐☐☐☐☐☐ ACCOUNT TYPE: CHECKING ☐ SAVINGS ☐

ACCOUNT NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ EFFECTIVE DATE OF WITHDRAWAL ☐☐☐☐☐☐

MAIL TO: CITY OF WALKER INCOME TAX DEPARTMENT, P.O. BOX 153, GRAND RAPIDS MI 49501-0153

CITY OF WALKER

ESTIMATED INCOME TAX PAYMENT VOUCHER

W-1040ES Calendar Year - Due June 30, 2017 **2017**

SECOND QUARTER **VOUCHER 2**

TAXPAYER'S FIRST NAME, INITIAL, LAST NAME	TAXPAYER'S SOCIAL SECURITY NUMBER	CONTACT PHONE NUMBER
IF JOINT RETURN, SPOUSE'S FIRST NAME, INITIAL, LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER	
PRESENT HOME ADDRESS (NUMBER AND STREET)	AMOUNT OF ESTIMATED TAX YOU ARE PAYING	$ .00
CITY, TOWN OR POST OFFICE STATE ZIP CODE	**MAKE CHECK PAYABLE TO: WALKER CITY TREASURER OR COMPLETE BANK ACCOUNT INFORMATION FOR DIRECT WITHDRAWAL**	

ROUTING NUMBER ☐☐☐☐☐☐☐☐☐ ACCOUNT TYPE: CHECKING ☐ SAVINGS ☐

ACCOUNT NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ EFFECTIVE DATE OF WITHDRAWAL ☐☐☐☐☐☐

MAIL TO: CITY OF WALKER INCOME TAX DEPARTMENT, P.O. BOX 153, GRAND RAPIDS MI 49501-0153

INSTRUCTIONS FOR ESTIMATED INCOME TAX QUARTERLY PAYMENT VOUCHERS - 2017

Every resident or non-resident who expects taxable income from which Walker income tax will not be withheld must file estimated income tax quarterly payment vouchers. Quarterly payments are not required if the amount estimated to be due with the 2017 annual return is $100 or less. Walker income tax withheld by your employer and credit for tax paid to another city that imposes an income tax may be subtracted from your estimated total tax liability to determine if the amount due with the 2016 annual return is $100 or less. See the applicable resident or non-resident income tax booklet available at www.ci.walker.mi.us/income_tax_forms.php for a list of income subject to tax.

Failure to file and make the required quarterly estimated payments will result in the assessment of penalty and interest for the late payment of tax. To avoid penalty and interest, you must pay in through withholdings, credits and/or quarterly estimated payments at least 70% of your current or prior year tax, whichever is lower.

Due dates and mailing instructions are included on each voucher. Estimated tax may be paid in full with VOUCHER 1 due May 1, 2017 or in four equal installments. You may request an electronic withdrawal from your bank account by completing the bank information at the bottom of the form. If no effective date is listed, the withdrawal will occur on the due date shown on the voucher.

For questions or assistance in calculating quarterly estimated payments, please contact the Walker Income Tax Department at (616) 791-6880.

CITY OF WALKER

ESTIMATED INCOME TAX PAYMENT VOUCHER

W-1040ES Calendar Year - Due October 2, 2017 **2017**

THIRD QUARTER **VOUCHER 3**

TAXPAYER'S FIRST NAME, INITIAL, LAST NAME	TAXPAYER'S SOCIAL SECURITY NUMBER	CONTACT PHONE NUMBER
IF JOINT RETURN, SPOUSE'S FIRST NAME, INITIAL, LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER	
PRESENT HOME ADDRESS (NUMBER AND STREET)	AMOUNT OF ESTIMATED TAX YOU ARE PAYING	$ .00
CITY, TOWN OR POST OFFICE STATE ZIP CODE	**MAKE CHECK PAYABLE TO: WALKER CITY TREASURER OR COMPLETE BANK ACCOUNT INFORMATION FOR DIRECT WITHDRAWAL**	

ROUTING NUMBER ☐☐☐☐☐☐☐☐☐ ACCOUNT TYPE: CHECKING ☐ SAVINGS ☐

ACCOUNT NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ EFFECTIVE DATE OF WITHDRAWAL ☐☐☐☐☐☐

MAIL TO: CITY OF WALKER INCOME TAX DEPARTMENT, P.O. BOX 153, GRAND RAPIDS MI 49501-0153

CITY OF WALKER

ESTIMATED INCOME TAX PAYMENT VOUCHER

W-1040ES Calendar Year - Due January 31, 2018 **2017**

FOURTH QUARTER **VOUCHER 4**

TAXPAYER'S FIRST NAME, INITIAL, LAST NAME	TAXPAYER'S SOCIAL SECURITY NUMBER	CONTACT PHONE NUMBER
IF JOINT RETURN, SPOUSE'S FIRST NAME, INITIAL, LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER	
PRESENT HOME ADDRESS (NUMBER AND STREET)	AMOUNT OF ESTIMATED TAX YOU ARE PAYING	$ .00
CITY, TOWN OR POST OFFICE STATE ZIP CODE	**MAKE CHECK PAYABLE TO: WALKER CITY TREASURER OR COMPLETE BANK ACCOUNT INFORMATION FOR DIRECT WITHDRAWAL**	

ROUTING NUMBER ☐☐☐☐☐☐☐☐☐ ACCOUNT TYPE: CHECKING ☐ SAVINGS ☐

ACCOUNT NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ EFFECTIVE DATE OF WITHDRAWAL ☐☐☐☐☐☐

MAIL TO: CITY OF WALKER INCOME TAX DEPARTMENT, P.O. BOX 153, GRAND RAPIDS MI 49501-0153

CITY OF WALKER

RECORD OF QUARTERLY ESTIMATED INCOME TAX PAYMENTS -2017

Keep for your records - Do not file

VOUCHER #	DATE MAILED	CHECK NUMBER	AMOUNT PAID
1			
2			
3			
4			

TOTAL PAID $ _____