

I-1040ES-EFT

IONIA
ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
FIRST QUARTER - PAYMENT DUE APRIL 30, 2026

2026 EST 01Q

Taxpayer Name: [] Bank Routing Number: []
Social Security No: [] Bank Account Number: []
Due on or Before: 04/30/2026, for tax year 2026 Type of Bank Account [] Checking [] Savings
Payment: \$ [] Elective Withdrawal Date: []

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for the City of Ionia to directly withdrawal your payment from your bank account.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment: City of Ionia Income Tax Division
PO Box 512
Ionia, MI 48846

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR BANK INFORMATION
V DETACH HERE V

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FIRST QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

2026 EST 01Q

NACTP # [] EFIN # [] PAYMENT VOUCHER 1 Due Date: 04/30/2026
Table with fields: Taxpayer's first name, initial, last name; Taxpayer's SSN; Bank routing number; Type of account; Checking; Savings; If joint return spouse's first name, initial, last name; If joint payment, spouse's SSN; Bank account number; Elective withdrawal date; Present home address (Number and street); Apt. no.; Notes; Address line 2 (P.O. Box address for mailing use only); Signature; City, town or post office; State; Zip code; Foreign country name, province/county, postal code; Amount of estimated tax you are authorizing the City of Ionia to deduct from your bank account; Round to nearest dollar.

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IONIA
ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE JUNE 30, 2026

2026 EST 02Q

Taxpayer Name: [] Bank Routing Number: []
Social Security No: [] Bank Account Number: []
Due on or Before: 06/30/2026, for tax year 2026 Type of Bank Account: [] Checking [] Savings
Payment: \$ [] Elective Withdrawal Date: []

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for the City of Ionia to directly withdrawal your payment from your bank account.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment: City of Ionia Income Tax Division
PO Box 512
Ionia, MI 48846

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

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IONIA
SECOND QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

2026 EST 02Q

NACTP # [] EFIN # [] PAYMENT VOUCHER 2 Due Date: 06/30/2026
Table with fields: Taxpayer's first name, initial, last name; Taxpayer's SSN; Bank routing number; Type of account; Checking; Savings; If joint return spouse's first name, initial, last name; If joint payment, spouse's SSN; Bank account number; Elective withdrawal date; Present home address (Number and street); Apt. no.; Notes; Address line 2 (P.O. Box address for mailing use only); Signature; City, town or post office; State; Zip code; Foreign country name, province/county, postal code; Amount of estimated tax you are authorizing the City of Ionia to deduct from your bank account; Round to nearest dollar .00

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IONIA

2026 EST 03Q

**ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2026**

Taxpayer Name: Bank Routing Number:

Social Security No: Bank Account Number:

Due on or Before: 09/30/2026, for tax year 2026 Type of Bank Account: Checking Savings

Payment: \$ Elective Withdrawal Date:

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for the City of Ionia to directly withdrawal your payment from your bank account.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment: City of Ionia Income Tax Division
PO Box 512
Ionia, MI 48846

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

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2026 EST 03Q

THIRD QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

NACTP # EFIN # PAYMENT VOUCHER 3 Due Date: 09/30/2026

Taxpayer's first name, initial, last name			Taxpayer's SSN		Bank routing number		Type of account	Checking
If joint estimated paymnet, spouse's first name, initial, last name			If joint payment, spouse's SSN		Bank account number		Savings	
Present home address (Number and street) Apt. no.			Notes					
Address line 2 (P.O. Box address for mailing use only)			Signature					
City, town or post office		State	Zip code					
Foreign country name, province/county, postal code			Amount of estimated tax you are authorizing the City of Ionia to deduct from your bank account				Round to nearest dollar	
							.00	

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IONIA
ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2027

2026 EST 04Q

Taxpayer Name: Bank Routing Number:

Social Security No: Bank Account Number:

Due on or Before: 01/31/2027, for tax year 2026 Type of Bank Account: Checking Savings

Payment: \$ Elective Withdrawal Date:

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for the City of Ionia to directly withdrawal your payment from your bank account.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment: City of Ionia Income Tax Division
PO Box 512
Ionia, MI 48846

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

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FOURTH QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

2026 EST 04Q

NACTP # EFIN # PAYMENT VOUCHER 4 Due Date: 01/31/2027

Taxpayer's first name, initial, last name		Taxpayer's SSN	Bank routing number	Type of account	Checking Savings
If joint return spouse's first name, initial, last name		If joint payment, spouse's SSN	Bank account number	Elective withdrawal date	
Present home address (Number and street) Apt. no.		Notes			
Address line 2 (P.O. Box address for mailing use only)		Signature			
City, town or post office	State	Zip code			
Foreign country name, province/county, postal code		Amount of estimated tax you are authorizing the City of Ionia to deduct from your bank account		Round to nearest dollar .00	