I-1040ES-EFT **IONIA** **2025 EST 01Q**

ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
FIRST QUARTER - PAYMENT DUE APRIL 30, 2025

Taxpayer Name: _____ Bank Routing Number: _____

Social Security No: _____ Bank Account Number: _____

Due on or Before: 04/30/2025, for tax year 2025 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

I-1040ES-EFT **IONIA** **2025 EST 01Q**

FIRST QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

NACTP # EFIN # PAYMENT VOUCHER 1 Due Date: 04/30/2025

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

I-1040ES-EFT **IONIA** **2025 EST 02Q**

ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE JUNE 30, 2025

Taxpayer Name: _____ Bank Routing Number: _____

Social Security No: _____ Bank Account Number: _____

Due on or Before: 06/30/2025, for tax year 2025 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

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I-1040ES-EFT **IONIA** **2025 EST 02Q**

SECOND QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

NACTP # _____ EFIN # _____ PAYMENT VOUCHER 2 Due Date: 06/30/2025

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

I-1040ES-EFT **IONIA** **2025 EST 03Q**

ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2025

Taxpayer Name: _____ Bank Routing Number: _____

Social Security No: _____ Bank Account Number: _____

Due on or Before: 09/30/2025, for tax year 2025 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

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I-1040ES-EFT **IONIA** **2025 EST 03Q**

THIRD QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

NACTP # EFIN # PAYMENT VOUCHER 3 Due Date: 09/30/2025

Taxpayer's first name, initial, last name		Taxpayer's SSN	Bank routing number	Type of account ☐ Checking ☐ Savings
If joint estimated paymnet, 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

I-1040ES-EFT **IONIA** **2025 EST 04Q**

ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2026

Taxpayer Name: _____ Bank Routing Number: _____

Social Security No: _____ Bank Account Number: _____

Due on or Before: 01/31/2026, for tax year 2025 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

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I-1040ES-EFT **IONIA** **2025 EST 04Q**

FOURTH QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

NACTP # EFIN # PAYMENT VOUCHER 4 Due Date: 01/31/2026

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