

HP-1040 • ES  
**2024**

PAYABLE TO:  
AND MAIL TO:

CITY OF HIGHLAND PARK  
ESTIMATED TAX PAYMENT  
P.O. BOX 239  
EATON RAPIDS, MI 48827-0239

**Voucher 4**

(Calendar Year - Due January 31, 2025)

YOUR SOCIAL SECURITY NO.	SPOUSES SOCIAL SECURITY NO.	IF CORPORATION OR PARTNERSHIP FEDERAL I.D. NUMBER
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FIRST & LAST NAME AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT

PAYMENT IS  
FOR  
YEAR  
ENDING \_\_\_\_\_  
MONTH YEAR

**CITY OF HIGHLAND PARK  
ESTIMATED  
TAX PAYMENT**

TOTAL  
ESTIMATE  
AMOUNT OF  
THIS PAYMENT \$ \_\_\_\_\_  
(TO BE USED FOR MAKING PAYMENT)

RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER

PLEASE TYPE OR PRINT

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**2024**

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**Voucher 3**

(Calendar Year - Due Sept. 30, 2024)

YOUR SOCIAL SECURITY NO.	SPOUSES SOCIAL SECURITY NO.	IF CORPORATION OR PARTNERSHIP FEDERAL I.D. NUMBER
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FIRST & LAST NAME AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT

PAYMENT IS  
FOR  
YEAR  
ENDING \_\_\_\_\_  
MONTH YEAR

**CITY OF HIGHLAND PARK  
ESTIMATED  
TAX PAYMENT**

TOTAL  
ESTIMATE  
AMOUNT OF  
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**Voucher 2**

(Calendar Year - Due June 30, 2024)

YOUR SOCIAL SECURITY NO.	SPOUSES SOCIAL SECURITY NO.	IF CORPORATION OR PARTNERSHIP FEDERAL I.D. NUMBER
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FIRST & LAST NAME AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT

PAYMENT IS  
FOR  
YEAR  
ENDING \_\_\_\_\_  
MONTH YEAR

**CITY OF HIGHLAND PARK  
ESTIMATED  
TAX PAYMENT**

TOTAL  
ESTIMATE  
AMOUNT OF  
THIS PAYMENT \$ \_\_\_\_\_  
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**Voucher 1**

(Calendar Year - Due April 30, 2024)

YOUR SOCIAL SECURITY NO.	SPOUSES SOCIAL SECURITY NO.	IF CORPORATION OR PARTNERSHIP FEDERAL I.D. NUMBER
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FIRST & LAST NAME AND ADDRESS OF BOTH SPOUSES IF JOINT PAYMENT

PAYMENT IS  
FOR  
YEAR  
ENDING \_\_\_\_\_  
MONTH YEAR

**CITY OF HIGHLAND PARK  
ESTIMATED  
TAX PAYMENT**

TOTAL  
ESTIMATE  
AMOUNT OF  
THIS PAYMENT \$ \_\_\_\_\_  
(TO BE USED FOR MAKING PAYMENT)

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