

**CITY OF SAGINAW**  
**S-1040PV INCOME TAX PAYMENT VOUCHER**

**Due Date**  
**April 30, 2006**

TAX YEAR	DUE DATE	SOCIAL SECURITY or EMPLOYER I.D. NUMBER	INCOME TAX PAYMENT	DOLLARS	CENTS
<b>2005</b>	<b>April 30, 2006</b>				<b>00</b>

TAXPAYER'S NAME AND ADDRESS

MAKE REMITTANCE PAYABLE TO:  
**TREASURER, CITY OF SAGINAW**

MAIL CHECK WITH RETURN AND PAYMENT VOUCHER TO:

City of Saginaw  
Income Tax Office  
P.O. Box 5081  
Saginaw MI 48605-5081