

**WORKSHEET FOR 2005 DECLARATION OF
ESTIMATED INCOME TAX
(KEEP FOR YOUR RECORDS)**

2005 PAYMENT RECORD

1. TOTAL SAGINAW INCOME EXPECTED IN 2005 (See Instructions)	\$	VOUCHER	DATE	CHECK NUMBER	TAX PAID
2. EXEMPTIONS (\$1,000 for each exemption; Does not apply to corporations)	\$	1			\$
3. ESTIMATED SAGINAW TAXABLE INCOME (Line 1 less Line 2)	\$	2			\$
4. ESTIMATED SAGINAW INCOME TAX BEFORE CREDITS (Non-resident individuals enter .75% of Line 3, All other taxpayers enter 1.50% of Line 3)	\$	3			\$
5. AMOUNT OF SAGINAW TAX TO BE WITHHELD	\$	4			\$
6. AMOUNT OF OTHER CREDITS	\$	TOTAL PAID			\$
7. ESTIMATED SAGINAW INCOME TAX DUE (Line 4 less Lines 5 and 6)	\$				

2005	CITY OF SAGINAW-INCOME TAX OFFICE QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX For Calendar Year 2005 or Fiscal Year Ending _____, 20__	VOUCHER NO. 2	Due Date June 30, 2005
IF FILING A JOINT RETURN FOR THE 2005 TAX YEAR, BOTH NAMES & SOCIAL SECURITY NUMBERS MUST BE ENTERED ON THIS VOUCHER			
Your Name	Social Security Number	Estimated Tax	\$
Spouse's Name	Spouse's Social Security Number		
Address	Employer Identification Number	Payment Amount	\$
City	State	Zip Code	
Make checks payable to: TREASURER, CITY OF SAGINAW and mail with VOUCHER 2 of Declaration to: INCOME TAX OFFICE, P.O. BOX 5081, SAGINAW MI 48605-5081.			

2005	CITY OF SAGINAW-INCOME TAX OFFICE QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX For Calendar Year 2005 or Fiscal Year Ending _____, 20__	VOUCHER NO. 1	Due Date April 30, 2005
IF FILING A JOINT RETURN FOR THE 2005 TAX YEAR, BOTH NAMES & SOCIAL SECURITY NUMBERS MUST BE ENTERED ON THIS VOUCHER			
Your Name	Social Security Number	Estimated Tax	\$
Spouse's Name	Spouse's Social Security Number		
Address	Employer Identification Number	Payment Amount	\$
City	State	Zip Code	
If \$100 or less for individuals or unincorporated businesses or \$250 or less for corporations, this declaration is not required.			
I certify that this is a correct declaration.			
SIGN HERE			
Signature of Taxpayer		Spouse's Signature (If filing a joint return)	

Make checks payable to: TREASURER, CITY OF SAGINAW and mail with **VOUCHER 1** of Declaration to:
INCOME TAX OFFICE, P.O. BOX 5081, SAGINAW MI 48605-5081.

2005	CITY OF SAGINAW-INCOME TAX OFFICE QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX For Calendar Year 2005 or Fiscal Year Ending _____, 20____	VOUCHER NO. 4	Due Date January 31, 2006
IF FILING A JOINT RETURN FOR THE 2005 TAX YEAR, BOTH NAMES & SOCIAL SECURITY NUMBERS MUST BE ENTERED ON THIS VOUCHER		LATE PAYMENTS WILL NOT BE ACCEPTED PER CITY ORDINANCE	
Your Name	Social Security Number	Estimated Tax	\$
Spouse's Name	Spouse's Social Security Number		
Address	Employer Identification Number	Payment Amount	\$
City	State	Zip Code	
Make checks payable to: TREASURER, CITY OF SAGINAW and mail with VOUCHER 4 of Declaration to: INCOME TAX OFFICE, P.O. BOX 5081, SAGINAW MI 48605-5081.			

2005	CITY OF SAGINAW-INCOME TAX OFFICE QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX For Calendar Year 2005 or Fiscal Year Ending _____, 20____	VOUCHER NO. 3	Due Date September 30, 2005
IF FILING A JOINT RETURN FOR THE 2005 TAX YEAR, BOTH NAMES & SOCIAL SECURITY NUMBERS MUST BE ENTERED ON THIS VOUCHER			
Your Name	Social Security Number	Estimated Tax	\$
Spouse's Name	Spouse's Social Security Number		
Address	Employer Identification Number	Payment Amount	\$
City	State	Zip Code	
Make checks payable to: TREASURER, CITY OF SAGINAW and mail with VOUCHER 3 of Declaration to: INCOME TAX OFFICE, P.O. BOX 5081, SAGINAW MI 48605-5081.			

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

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