Michigan Department of Treasury - City Tax Administration 5123 (Rev. 03-23)

2024 CITY Estimated Individual Income Tax Voucher

Filer's Name(s) (First Name, Middle Initial, Last Name)	Filer's Full Social Security Number	Spouse's Full Social Security Number
Address (Street, City, State, ZIP Code)	Due Date for Calendar Filers	Account Number CITY WEB
	Payment for the City of: DETROIT	City Code 170
	WRITE PAYMENT AMOUNT HERE	s

Make check payable to "State of Michigan - Detroit." Write the last four digits of filer's Social Security number and "2024 City Estimate" on the check. Do not fold or staple. Mail to: Michigan Department of Treasury, P.O. Box 30738, Lansing, MI 48909.

+ 0000 2024 106 01 27 9

PERSONALIZATION

A developer's software program must print vouchers one to a page with top line generated to define the cutting edge for the preparer, measuring 8.5" wide and 3.5" in height. Position voucher at the bottom of the page to ensure dependable feeding edge. Verify voucher revision date and "MAIL TO:" address are correct.

Verify voucher elements with current year final voucher. Courier font preferred at a minimum 10-point size.

- *Filer's Name(s):* Name(s) in all CAPS.
- Address: Mailing address in all CAPS.
- Social Security Numbers (SSN): The nine-digit number should be formatted XXX-XX-XXXX.
- Due Date for Calendar Year Filers: Date should be formatted MM-DD-YYYY.
- *Amount:* Field should be entered with **no cents**.

DOC ID CODE

- 4 characters: Software Developer code
- 4 characters: Filing Year
- 3 characters: Voucher Number
- 2 characters: Voucher Page Number
- 2 characters: Office Use Code
- 1 character: Check Digit