FORM 4 CIT EXAMPLE

Michigan Department of Treasury, Form 4 (Rev. 03-24) Application for Extension of	Time to File N	lichigan Tax F	Returns	Issued under the authority of Public Acts 281 of 1967, as amended and 36 of 2007.
Make check payable to "State of Michigan." Print "Mich check. Mail to: Michigan Department of Treasury, PO			ecurity number or fu	Il account number on the
Extension request is for the following tax	sion request is for the following tax 2. Month and Year Your Tax Year Ends (MM-YYY		Full Federal Employer Identification or TR No.	
Check ONLY ONE	09 - 2025		TR-2929292	
Income Tax (excludes Fiduciary Tax (includes Composite Filers) Michigan Business Corporate Income Tax	Check if extension is requested for good cause (see instructions).		5. Filer's Full Soc	al Security No. (9 digits)
	Check if an extension was granted for filer's federal tax return.		7. Spouse's Full S	ochal Security No. (if filing jointly)
8. Business or Trust Name LUGNUT NATION			9. Tentative Annu	al Tax
10. Filer's Name (first name, middle initial, last name) or Fiduciary/Trustee Name			11. Total Payments	s Made to Date
12. Mailing Address (Address, City, State and ZIP Code)		13. Payment Amo	unt .00	
OO NOT WRITE IN THIS SPACE				\
5656	202	50932 15 202	4 00000000	0 842929292 5

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 form revision date and "MAIL TO:" address are correct.

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

- **Box 1:** Extension Request is For the Following Tax: "Corporate Income Tax" box should be checked.
- **Box 2: Month and Year Your Tax Year Ends (MM-YYYY):** This should be listed as MM-YYYY (e.g., year ending September 2024 would read 09-2024).
- **Box 3:** Federal Employer Identification or TR Number: The nine-digit number must be formatted XX-XXXXXXX (include hyphen).
- **Box 5/7:** Filer's/Spouse Social Security Number: Should be empty.
- **Box 8:** Business or Trust Name: Field should be in all CAPS.

Software Developer Code: Should be entered in the bottom-left corner, aligned with the scanline.

SCANLINE CONTENT

- Font: OCR-A Ext 12-point size or OCR-A Std 10-point size.
- Location: .5" from the bottom edge and .5" from the right edge of the paper.
- **Data Format:** Six fields of varying length totaling 33 total characters plus five spaces between each field (38 places).

Beginning at the left end, the scanline is constructed as follows:

- 1. 8 characters: The **first** six characters are the tax year end entered on line 2, but in **YYYYMM** format. The last two characters will be "84" if the FEIN (box 3) starts with "TR," or "32" (space) if it does not start with "TR."
- 2. 2 characters: Tax Type = 15.
- 3. 4 characters: Represents Tax Year for which the payment applies.
- 4. 9 characters: Should be all zeros.
- 5. 9 characters: Represents FEIN. If a Treasury-assigned "TR" number, first two digits are "84."
- 6. 1 character: Check Digit.