

FORM 4 CIT EXAMPLE

Michigan Department of Treasury, Form 4 (Rev. 03-25)

Issued under the authority of Public
Acts 281 of 1967, as amended
and 36 of 2007.

Application for Extension of Time to File Michigan Tax Returns

Make check payable to "State of Michigan." Print "Michigan Extension" and last four digits of filer's Social Security number or full account number on the check. Mail to: Michigan Department of Treasury, PO Box 30774, Lansing, MI 48909

1. Extension request is for the following tax Check ONLY ONE <input type="checkbox"/> Income Tax (excludes Home Heating Credit) <input type="checkbox"/> Michigan Business Tax <input type="checkbox"/> Fiduciary Tax (includes Composite Filers) <input checked="" type="checkbox"/> Corporate Income Tax		2. Month and Year Your Tax Year Ends (MM-YYYY) 09-2026	3. Full Federal Employer Identification or TR No. TR-2929292
4. <input type="checkbox"/> Check if extension is requested for good cause (see instructions).		5. Filer's Full Social Security No. (9 digits)	
6. <input type="checkbox"/> Check if an extension was granted for filer's federal tax return.		7. Spouse's Full Social Security No. (if filing jointly)	
8. Business or Trust Name LUGNUT NATION		9. Tentative Annual Tax	
10. Filer's Name (first name, middle initial, last name) or Fiduciary/Trustee Name		11. Total Payments Made to Date	
12. Mailing Address (Address, City, State and ZIP/Postal Code, Country Code)		13. Payment Amount .00	

DO NOT WRITE IN THIS SPACE

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20260932 15 2025 0000000000 842929292 1

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 2026 would read 09-2026).

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:

- 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 characters: Tax Type = 15.
- 4 characters: Represents Tax Year for which the payment applies.
- 9 characters: **Should be all zeros.**
- 9 characters: Represents FEIN. If a Treasury-assigned "TR" number, first two digits are "84."
- 1 character: Check Digit.