

MI-1040-V EXAMPLE

Detach here and mail with your payment. Do not fold or staple the application. Provide full Social Security number(s).

Michigan Department of Treasury (Rev. 03-25)

2025 MICHIGAN Individual Income Tax Payment Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return.
 Do not use this form to make any other payments to the State of Michigan.

MI-1040-V

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP/Postal Code, Country Code) MORRIS CHESTNUT 9 MY STREET LANSING, MI 48917	Filer's Full Social Security Number 111-00-1111	Spouse's Full Social Security Number
WRITE PAYMENT AMOUNT HERE ⇒ \$.00		Make check payable to "State of Michigan." Write the last four digits of filer's Social Security number and "2025 MI-1040-V" on the check. Do not fold or staple.
MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909		

DO NOT WRITE IN THIS SPACE

1010

67726983 02 2025 0000000000 111001111 2

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 the 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.

- **Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code):** Name(s) and mailing address in all CAPS.
- **Social Security Numbers (SSN):** The nine-digit number should be formatted **XXX-XX-XXXX**.
- **Amount:** Field should be entered with no cents.
- **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 characters plus five spaces between each field (38 places).

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

1. 8 characters: Represents the **first** four bytes of the Taxpayer's Last Name. Characters must be converted to uppercase ASCII representation. If the name is shorter than the allowed space, fill in unused space with ASCII "32" (space). (See **ASCII Coding** sheet).
2. 2 characters: Tax Type = 02.
3. 4 characters: Represents Tax Year for which the payment applies.
Fiscal Year Filers: Use the tax year of Annual Return on which the taxpayer will be claiming this payment.
4. 9 characters: Represents *Spouse's* SSN. If there is only one SSN, fill in the field for the spouse with zeros.
5. 9 characters: Represents *Primary* Filer's SSN.
6. 1 character: Check Digit.