

Form 4 – IIT EXAMPLE

Michigan Department of Treasury, Form 4 (Rev. 03-26)

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 ☒ Income Tax (excludes Home Heating Credit) ☐ Fiduciary Tax (includes Composite Filers) ☐ Michigan Business Tax ☐ Corporate Income Tax	2. Month and Year Your Tax Year Ends (MM-YYYY) 06 — 2026	3. Full Federal Employer Identification or TR No.
4. ☐ Check if extension is requested for good cause (see instructions).	5. Filer's Full Social Security No. (9 digits) 111-00-1111	6. ☐ 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	9. Tentative Annual Tax
10. Filer's Name (first name, middle initial, last name) or Fiduciary/Trustee Name JAKE T BENSON	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 2233	

66697883 09 2026 0000000000 111001111 6

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 12-point size.

BOX 1 – Extension Request is For the Following Tax: "Income Tax" box should be checked.

BOX 2 – Month and Year Your Tax Year Ends (MM-YYYY): This is the tax year for which the payment applies, not the year that the payment was made.

BOXES 5 & 7 – Filer's Social Security Number: The nine-digit number should be formatted [XXX-XX-XXXX]. If no spouse, enter all zeroes.

BOX 10 – Filer's Name or Fiduciary/Trustee Name: Should be 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 characters plus five spaces between each field (38 places).

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

- 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 characters: Tax Type = 09.
- 4 characters: Represents Tax Year for which the payment applies.
- 9 characters: Represents Spouse's Social Security Number, or zeroes if no spouse SSN.
- 9 characters: Represents Filer's Social Security Number.
- 1 character: Check Digit.