FORM 4 MBT EXAMPLE

Michigan Department of Treasury, Form 4 (Rev. 05-20) Application for Extension of	Time to File M	ichigan Tax F	A	sued under the authority of Public cts 281 of 1967, as amended nd 36 of 2007.
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 Fiduciary Tax Home Heating Credit) X Michigan Business Tax Tax	 Month and Year Your Tax Year Ends (MM-YYYY) 11 - 2020 		3. Full Federal Employer Identification or TR No. 11-3535353	
	4. Check if extension is requested for good cause (see instructions).		5. Filer's Full Social	Security No. (9 digits)
	 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 M	ade to Date
12. Mailing Address (Address, City, State and ZIP Code)			13. Payment Amoun	.00
DO NOT WRITE IN THIS SPACE	202	07735 09 505	0 00000000	1 113535353 4

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.

- Box 1: Extension Request is For the Following Tax: "Michigan Business 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 November 2020 would read 11-2020).
- *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 bottom-left corner.

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 a "TR."
- 2. 2 character: Tax Type = 08.
- 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, the first two characters are "84."
- 6. 1 character: Check Digit.