MI-1040E 2024	S	1	MICHIGAN QUART INDIVIDUAL INCO	<del>-</del>	TAXPAYER'S COPY			
Taxpayer's Social	Security Number	Spouse's Social Security Number			For Calendar Year 2024 or Fiscal Year Ending			
First Name(s) and Initial(s)  Last Name(s)			me(s)		Estimated Tax for the Year	Michigan		
Address					Overpayment Credited to this Year			
City, State, Zip					Total Amount to be Paid			
Mail Check or Mor	ney Order	Michigan Department of Treasury			Installment Due			
Payable to State of Michigan to: P.O. Box 30774			0774		April 15, 2024			
		Lansing, M	I 48909-8274					
Include SS#(s) on Payment.					June 17, 2024			
Payment Record	April 15	June 16	September 15	January 15				
Amount Paid					Sept. 16, 2024			

(Cut Here)

Jan. 15, 2025

MI-1040E\$ 2024	5		/IICHIGAN QUART INDIVIDUAL INCO		PRACTITIO	PRACTITIONER'S COPY		
Taxpayer's Social Security Number Spouse's Social Security Number					For Calendar Year 2024 or Fiscal Year Ending			
First Name(s) and Initial(s)  Last Name(s)					Michigan			
					Estimated Tax for the Year			
Address			Overpayment Credited to this Year					
City, State, Zip			Total Amount to be Paid					
Mail Check or Mon	ey Order	Michigan De	Installment Due					
Payable to State of Michigan to: P.O. Box 30774				April 15, 2024				
		Lansing, MI	48909-8274					
nclude SS#(s) on F	Payment.		June 17, 2024					
Payment Record	April 15	June 16	September 15	January 15				
Amount Paid					Sept. 16, 2024			
Date					Jan. 45, 2005			
Check Number					Jan. 15, 2025			

Amount Paid Date

Check Number