

Michigan

HU-1040-ES City of Hudson Declaration of Estimated Income Tax

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MAIL TO:

"TREASURER, CITY OF HUDSON"
CITY OF HUDSON
INCOME TAX DIVISION
P.O. BOX 231
HUDSON, MI 49247

CUT HERE

**HU-1040-ES
2024**

**CITY OF HUDSON
DECLARATION OF ESTIMATED INCOME TAX
For The Year January 1 - December 31, 2024**

Voucher **1**
(Calendar Year - Due April 30, 2024)

or Other Taxable Year Beginning Ending

Please Print or Type	First name and initial (if joint, use first names and middle initials of both)	LAST NAME	Your Social Security No.
	Address		Spouse's Social Security No.
	City	State Zip Code	Federal Identification No. (If Declaration is for a Business)
	Name of Employer		
Check One	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Individual	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Check One Address Same As Last Year New Address Filing For First Time

1. Total Taxable Income Expected in 2024 (See Instruction)	1. _____
2. Exemptions (\$1,000 for Each Allowable Exemption)	2. _____
3. Estimated Hudson Taxable Income (Line 1 Less Line 2)	3. _____
4. Estimated Hudson Income Tax (Non-resident individuals enter 1/2% of Line 3 all other taxpayers enter 1% of Line 3)	4. _____
5. Tax to be Withheld or Other Credit expected in 2024 (See Instructions)	5. _____
6. (Line 4 Less Line 5) (*) ESTIMATED TAX	6. _____
7. 1/4 or More of Line 6 (See Instructions)	7. _____
8. Overpayment on 2023 Annual Return taken as Credit on 2024 Estimated Tax	8. _____
9. Amount to be paid With This Declaration: (Line 7 Less Line 8)	9. _____

(*) NOTE: If Line 6 is \$40.00 or less (individual or unincorporated business) or \$250.00 or less (corporation), this return is not required.

SIGN I (We) have examined this Declaration and to the best of my (our) knowledge, it is correct.

”
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If Joint Estimate, both husband and wife must sign.

Date

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2024**

**CITY OF HUDSON
DECLARATION OF ESTIMATED INCOME TAX
For The Year January 1 - December 31, 2024**

Voucher **2**
(Calendar Year - Due June 30, 2024)

or Other Taxable Year Beginning Ending

Please Print or Type	First name and initial (if joint, use first names and middle initials of both)	LAST NAME	Your Social Security No.	
	Address		Spouse's Social Security No.	
	City	State	Zip Code	Federal Identification No. (If Declaration is for a Business)
	Name of Employer			
Check One	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Individual	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Check One Address Same As Last Year New Address Filing For First Time	

1. Total Taxable Income Expected in 2024 (See Instruction)	1.	
2. Exemptions (\$1,000 for Each Allowable Exemption)	2.	
3. Estimated Hudson Taxable Income (Line 1 Less Line 2)	3.	
4. Estimated Hudson Income Tax (Non-resident individuals enter 1/2% of Line 3 all other taxpayers enter 1% of Line 3)	4.	
5. Tax to be Withheld or Other Credit expected in 2024 (See Instructions)	5.	
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7. 1/4 or More of Line 6 (See Instructions)	7.	
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9. Amount to be paid With This Declaration: (Line 7 Less Line 8)	9.	

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2024**

**CITY OF HUDSON
DECLARATION OF ESTIMATED INCOME TAX**
For The Year January 1 - December 31, 2024

Voucher **3**
(Calendar Year - Due September 30, 2024)

or Other Taxable Year Beginning Ending

Please Print or Type	First name and initial (if joint, use first names and middle initials of both)	LAST NAME	Your Social Security No.	
	Address		Spouse's Social Security No.	
	City	State	Zip Code	Federal Identification No. (If Declaration is for a Business)
	Name of Employer			
Check One	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Individual	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Check One Address Same As Last Year New Address Filing For First Time	

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2. Exemptions (\$1,000 for Each Allowable Exemption)	2.
3. Estimated Hudson Taxable Income (Line 1 Less Line 2)	3.
4. Estimated Hudson Income Tax (Non-resident individuals enter 1/2% of Line 3 all other taxpayers enter 1% of Line 3)	4.
5. Tax to be Withheld or Other Credit expected in 2024 (See Instructions)	5.
6. (Line 4 Less Line 5) (*) ESTIMATED TAX	6.
7. 1/4 or More of Line 6 (See Instructions)	7.
8. Overpayment on 2023 Annual Return taken as Credit on 2024 Estimated Tax	8.
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Voucher **4**
(Calendar Year - Due January 31, 2025)

or Other Taxable Year Beginning Ending

Please Print or Type	First name and initial (if joint, use first names and middle initials of both)	LAST NAME	Your Social Security No.
	Address		Spouse's Social Security No.
	City	State Zip Code	Federal Identification No. (If Declaration is for a Business)
	Name of Employer		
Check One	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Individual	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Check One Address Same As Last Year New Address Filing For First Time

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