CF-1040PV

CITY OF BENTON HARBOR INCOME TAX RETURN PAYMENT VOUCHER

2019 RET RPV

Taxpayer Name:										
Social Security No:										
Due on or Before:	4/30/2020,	due date of 201	9 return*							
Payment:	\$									
Payment Method:	Make payment by check or money order payable to "City of Benton Harbor." Include your social security number, daytime phone number, and "2019 CF-1040PV" on your check or money order. DO NOT SEND CASH. To pay by credit card or direct debit, see income tax website of the City of Benton Harbor. Not all cities accept credit card or direct debit payments.									
Paying with Return:	This payment voucher is not used when including payment with your tax return. When paying with your return, place the payment on top of the return in the envelope. Do not attach the check to the return.									
Address for Payment:	City of Benton Harbor Q.8[{ ^Á/æ¢ÁÖ^] æd﴿ ^} c P.O. Box 597 Benton Harbor, MI 49023									
* Due Date	If the due d	ate falls on a S	aturday, Sunday or holida	y, the due date is the nex	t business day.					
Taxpayer Records:	Amount Pai Check Num Date Mailed	ber:								
KEEP TOP POF	RTION FOF	R YOUR REC	ORDS. SEND BOTT	OM PORTION WITH	Revised: 09/03/2018					
CF-1040PV		CITY OF B	V DETACH HERE V ENTON HARBOR		2019 RET RPV					
	ICOME TAX		MENT VOUCHER		Revised: 08/11/2015					
	Mail To	o: City of Bentor	n HarborÁQ,&[{^ÁVæ¢ÁÖ^]æl	₫ ^}c						
		P.O. Box 597								
NACTP#		Benton Harbo	or, MI 49023							
EFIN # Taxpayer's first name, initial, last name			Taxpayer's SSN							
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
If joint return spouse's first name, initial, last name			If joint payment, spouse's SSN							
Present home address (Number and street) Apt. no.			Payment voucher 2D barcode							
Address line 2 (P.O. Box address for m	ailing use only)									
City, town or post office	State	Zip code								
Foreign country name, province/county	, postal code	1	Amount of tax, interest an check or money order	nd penalty you are paying by	Round to nearest dollar					

CF-1040PV-EFT

CITY C: '69BHCB'<5F6CF INCOME TAX RETURN EFT PAYMENT VOUCHER

2019 RET RPV

Taxpayer Name:			Bank Ro	uting Number:					
Social Security No:			Bank Acc	count Number:					
-									
Due on or Before:	4/30/2020, c	due date of 2019 re	eturn* Type of E	Bank Account:	Checking	ı Sa	avings		
Payment:	\$								
Payment Method:			Y OTHER FORM OF rization for city to dire						
Paying with Return:			sed when including pa op of the return in the						
Address for Payment	ÁÚÉUEÁÓI¢Á .	ĴΪ							
* Due Date	If the due da	ate falls on a Satur	day, Sunday or holida	y, the due date is t	he next busi	ness day.			
Taxpayer Records:	Amount Paid Date Mailed								
KEEP TOP PO	RTION FOR		DS. SEND BOTT DETACH HERE V		WITH YOU		Revised: 04/29/2015 IENT		
CF-1040PV-EFT	Mail To	o: City[-ÁÓ^}d[}ÁPa ÚÈÙÈÁÓ[¢ÁÍJÏ	CITY C: '69BHC RETURN PAYMENT dà[¦Q&[{^Á/æ¢Æ]O^]æ	VOUCHER			PRET RPV Revised: 09/30/2018		
NACTP# EFIN#		Ó^} {[} ÁPælà[¦ÉÁT	QAN J€GH						
Taxpayer's first name, initial, last nam	ie		Taxpayer's SSN	Bank routing number		Type of account	Checking		
If joint return spouse's first name, initi	al, last name		If joint payment, spouse's SSN	Bank account number		account	Savings		
Present home address (Number and street) Apt. no.			Payment voucher 2D barcode						
Address line 2 (P.O. Box address for	mailing use only)								
City, town or post office	State	Zip code							
Foreign country name, province/coun	ty, postal code		Amount of tax, interest ar city to withdraw directly fr		ze trie	nd to nearest o	dollar		