Form 4
IIT EXAMPLE

Michigan Department of Treasury, Form 4 (Rev. 05-20)

Application for Extension of Time to File Michigan Tax Returns

Issued under the authority of Public Acts 281 of 1967, as amended and 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	2. Month and Year Your Tax Year Ends (MM-YYYY)	3. Full Federal Employer Identification or TR No.
Check ONLY ONE	06 — 2020	
[X] Income Tax (excludes Homesteading Credit) [ ] Fiduciary Tax (includes Composite Filers)	4. [ ] Check if extension is requested for good cause (see instructions).	5. Filer's Full Social Security No. (9 digits) 111-00-1111
[ ] Michigan Business Tax [ ] Corporate Income Tax	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 LUGNUT NATION		9. Tentative Annual Tax
10. Filer's Name (first name, middle initial, last name) or Fiduciary/Trustee Name		11. Total Payments Made to Date
12. Mailing Address (Address, City, State and ZIP Code)		13. **Payment Amount** .00

DO NOT WRITE IN THIS SPACE

2233

76857178 09 2020 000000000 111001111 8

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:* "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.
Box 5: *Filer's Social Security Number:* The nine-digit number should be formatted **XXX-XX-XXXX**.
Box 7: *Spouse's Social Security Number:* The nine-digit number should be formatted **XXX-XX-XXXX**, or all zeros if no spouse SSN.
Box 10: *Filer's Name (first name, middle initial, last name) or Fiduciary/Trustee 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: 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. 2 character: Tax Type = 09.
3. 4 characters: Represents Tax Year for which the payment applies.
4. 9 characters: Represents Spouse's Social Security Number, or zeros if no spouse SSN.
5. 9 characters: Represents Filer's Social Security Number.
6. 1 character: Check Digit.