2015 1ES VOUCHER TEST 1

Taxpayer information:

Payment Test
123 My Street
Madison, WI 53713
SSN# 456-12-3789

Taxpayer is an individual.
Payment amount = $6,589

Form 1-ES voucher at the bottom

2015 Form 1-ES

Use of the personalized Form 1-ES voucher below will ensure that your estimated tax payments will be posted timely and to the correct account.

- Do not print a blank voucher to complete by hand. Enter your data on this voucher online. The numeric string of numbers will then change to reflect your personal information (identifying number and amount).
- Be sure to fill in your (and your spouse's, if applicable) social security number in the space provided. Do not use hyphens. Trusts must fill in their 9-digit FEIN.
- Cut on the dotted line only. Do not cut off the string of numbers at the bottom of the voucher.
- Use the correct year voucher. This voucher is for 2015. Do not use this voucher for a different year by crossing out 2015 and writing in a different year. This will cause your payment to be credited to the wrong year.
- Send your payment to the address shown on the voucher. Do not attach any other forms or instruction sheets to the voucher.

cut here

2015 Form **1-ES**

WISCONSIN ESTIMATED INCOME TAX VOUCHER

File only if submitting payment. Make your check payable to and mail your voucher to: Wisconsin Department of Revenue
PO Box 930208
Milwaukee WI 53293-0208

Calendar year due dates:		Fiscal year filers:
Apr 15, 2015	Sep 15, 2015	Enter year ending _____ (month and year)
Jun 15, 2015	Jan 19, 2016	

☐ Check box if address is corrected and new address was not provided on a prior payment voucher.

Your legal last name	Your legal first name and initial	Your social security number
TEST	PAYMENT	456-12-3789
Spouse's legal last name	Spouse's legal first name and initial	Spouse's social security number
Home address (number and street or rural route)		Telephone number
123 MY STREET		
City or post office	State	Zip code
MADISON	WI	53713

Check the box below which applies to you.

☐ **Trust** (Enter FEIN as "your social security number")
☐ **Estate** (Enter decedent's social security number)
☑ **Individual**
☐ **Joint**

Amount of Payment

$ 6,589.00

Please do not staple your payment to this voucher.

D-101 (R. 7-14)

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