

CF-1120

CITY OF WALKER
CORPORATION INCOME TAX RETURN

2025

25MI-WAL-1120-1

For fiscal year or other taxable period beginning

M	M	/	D	D	/	2025	and ending	M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	------	------------	---	---	---	---	---	---	---	---	---	---

IDENTIFICATION AND INFORMATION

PLEASE TYPE OR PRINT NEATLY	A1. Name of Corporation		B1. Federal Employer Identification Number		B3. Date incorporated		
	A2. Number and Street		B2. Where incorporated				
	A3. Address 2		B4. Principal business activity				
	A4. City, Town or Post Office		A5. State		A6. Zip Code		
	A4. City, Town or Post Office		A5. State		A6. Zip Code		
C. Mark applicable boxes		C1. Amended Return		C1a. Is amended return based on a federal audit		C1b. If yes, enter determination date	
		C2. Short Period Return		C3. Initial Return		C4. Final Return	
D. Michigan resident agent: D1. Name: D2. Address:							
E. Is this a consolidated return? <input type="checkbox"/> E1. Yes <input type="checkbox"/> E2. No If yes, complete Schedule I and attach the schedule to the return.							
Was a consolidated return filed with the IRS <input type="checkbox"/> E3. Yes <input type="checkbox"/> E4. No							
F1. Number of {CN} locations included in this return F2. Number of locations everywhere							
F3. Complete Schedule L listing the full address of all locations in the city and attach the schedule to the return.							
G. During the period of this return, was your federal tax liability for any other tax year changed by an audit by the federal government or the filing of an amended federal return?							
<input type="checkbox"/> G1. Yes <input type="checkbox"/> G2. No G3. If yes, attach an explanation if an amended {CN} return was not filed.							

TAXABLE INCOME AND TAX COMPUTATION

1. Taxable income before net operating loss deduction and special deduction per U.S. Corporation Income Tax Return Form 1120, 1120-A or for Subchapter S corporations, taxable income per Form CF-1120, page 2, Schedule S. Attach a copy of federal Form 1120, 1120-A or 1120S, Schedule K and all schedules filed with the IRS.		1	
2. Enter items not deductible under {CN} Income Tax Ordinance (From page 2, Schedule C, column 1, line 6)		2	
3. Total (Add lines 1 and 2)		3	
4. Enter items not taxable under {CN} Income Tax Ordinance (From page 2, Schedule C, column 2, line 13)		4	
5. Total (Line 3 less line 4)		5	
6. Allocation percentage from page 2, Schedule D, line 5 (If all business was conducted in {CN}, enter 100% and do not fill in Sch. D)		6	%
7. Total allocated income (Multiply line 5 by percentage on line 6)		7	
8. Renaissance Zone and Tool and Die Recovery Zone Deduction (Attach Schedule RZ or Schedule TD)		8	
9. Net income (Line 7 less line 8)		9	
10. Adjustments (From page 2, Schedule G, line 4) (NOL carryover, capital loss carryover and/or allocated partnership income)		10	
11. Total income subject to tax (Combine line 9 and line 10)		11	
12. City of {CN} income tax (Multiply line 11 by {tax rate})		12	
13. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax		13a	13b
		13c	
		▼ Total of lines 13 a and b ▼	

TAX PAYMENTS AND CREDITS

14. Tax paid		14a. Credit forward		14b. Estimated payments		Total tax paid		▼ Total of lines 14 a, b c and d ▼	
		14c. Extension payment		14d. Tax paid by partnership		14e		.00	

BALANCE DUE OR OVERPAYMENT

BALANCE DUE	15. If line 12 plus line 13c is larger than line 14e, enter balance due Enclose check or money order payable to the City of {CN}. To pay with an electronic funds withdrawal mark Pay tax due box on line 19b and complete line 19c, d & e.		15	
OVERPAYMENT	16. If line 14e is larger than line 12 plus line 13c, enter overpayment and complete lines 17 through 20.		16	
DONATIONS	17. Donation 1 Donation 2 Donation 3		Total Donations 17d	
	17a	17b	17c	
CREDIT FWD	18. Overpayment from line 16 to be applied to 2026 estimated tax		18	
REFUND	19. Overpayment refund. (Line 16 less line 17) To receive a direct deposit refund mark box 19a.		19	
ELECTRONIC REFUND OR PAYMENT DATA	20. Direct deposit refund or direct withdrawal payment (Mark (X) appropriate box 19a or 19b and complete lines 19c, 19d and 19e)		20a	20b
			20c	20d
			20e	20e1. Checking 20e2. Savings
DISCLOSURE	21. May the Income Tax Office discuss this return with the preparer shown below? (See Instructions)		21a. Yes	21b. No

I declare that I have examined this return (including accompanying schedules) and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

22a. Date signed	22b. Signature of corporate officer	22c. Title of corporate officer	22d. Phone number
		() -	
23a. Signature of preparer	23c. Firm name	23g. Date prepared	
23b. Printed name of preparer	23d. Address 1 (include suite #)	23h. Preparer's phone number	
		() -	

Return is due April 30, 2026 or the last day of the fourth month after the close of tax year.

MAIL TO: Walker City Income Tax Department PO BOX 153 Grand Rapids MI 49501-0153

24. NACTP software number

Revised 10/18/2025

Name as shown on page 1	Federal Employer Identification Number
-------------------------	--

25MI-WAL-1120-2

SCHEDULE S – SUBCHAPTER S CORPORATION INCOME	
Schedule S is used by Subchapter S corporations to reconcile the amount reported on line 1, page 1, CF-1120, with federal Form 1120S and Schedule K of federal 1120S.	
Attach federal Form 1120S and Schedule K of federal 1120S.	
1. Ordinary income (loss) from trade or business (Per federal 1120S)	1.
2. Income (loss) per Schedule K, federal 1120S, lines 2 through 10	2.
3. Total income (loss) (Add lines 1 and 2)	3.
4. Deductions per Schedule K, federal 1120S	4.
5. Taxable income before net operating loss deduction and special deductions (Subtract line 4 from line 3; enter here and on page 1, line 1)	5.

SCHEDULE C – ADJUSTMENTS PRIOR TO APPORTIONMENT			
Schedule C is used to adjust the income reported on page 1, line 1, to give effect to the requirements of the {CN} Income Tax Ordinance. The period of time used to compute items for Schedule C must be the same as the period of time used to report income on page 1, line 1. Schedule C entries are allowed only to the extent directly related to net income as shown on page 1, line 1.			
Column 1 Add – Items Not Deductible		Column 2 Deduct – Items Not Taxable, Adjustments and Allowable Deductions	
1. All expenses (including interest) incurred in connection with derivation of income not subject to city income tax (do not include nonbusiness expenses reported on line 5b.)		7. Interest from U.S. obligations and from United States governmental units	
2. {CN} income tax paid or accrued		8. Dividends received deduction	
3. Nondeductible portion of loss, from sale or exchange of property acquired prior to effective date of ordinance		9. Dividend gross up of foreign taxes	
4. Reserved		10. Foreign tax deduction	
5. Other (Identify & list amount or submit sch.)		11. Nontaxable portion of gain from sale or exchange of property acquired prior to effective date of ordinance	
a. Partnership loss included in corporation's income reported on page 1, line 1		12. Other (Identify & list amount or submit schedule)	
b.		a. Partnership income included in corporation's income reported on page 1, line 1	
c.		b. Wages taken as a credit for IRS tax purposes	
6. Total additions (Add lines 1 through 5d; enter here and on page 1, line 2)		c.	
		13. Total deductions (Add lines 7 through 12d; enter here and on page 1, line 4)	

SCHEDULE D – BUSINESS INCOME APPORTIONMENT			
	Column 1 Located Everywhere	Column 2 Located in [City name]	Column 3 Percentage (Column 2 divided by column 1)
1. a. Average net book value of real and tangible personal property 1a.			
b. Gross annual rent paid for real property only, multiplied by 8 1b.			
c. Totals (Add lines 1a and 1b) 1c.			%
2. Total wages, salaries, commissions and other compensation of all employees 2.			%
3. Gross receipts from sales made or services rendered 3.			%
4. Total percentages (Add the three percentages computed in column 3, lines 1c, 2 and 3) 4.			%
5. Business apportionment percentage (Line 4 divided by number of factors, see instruction below; enter here and on page 1, line 6) 5.			%
In determining the business apportionment percentage (Line 5), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar as the taxpayer's business operation is concerned. In such cases, the sum of the remaining percentages shall be divided by the number of factors actually used.			
6. In the case of a taxpayer authorized by the Income Tax Administrator to use one of the special formulas, attach an explanation and use the lines provided below:			
6a. Numerator		6c. Percentage (Divide line 6a by 6b; enter here and on pg. 1, ln. 6)	%
6b. Denominator		6d. Date of Administrator's approval letter	

SCHEDULE G – SUMMARY OF ADJUSTMENTS AFTER APPORTIONMENT	
1. Allocated partnership income (Enter income as a positive and losses as a negative) (From Schedule G, line 1, Explanation, column 4, line 11)	1.
2. Allocated capital loss carryover (Enter as a negative amount) (From Schedule G, line 2, Explanation, column 5, line 11)	2.
3. Allocated net operating loss deduction (Enter as a negative amount) (From Schedule G, line 3, Explanation, column 5, line 11)	3.
4. Total adjustments (Add lines 1 through 4; enter here and on page 1, line 10)	4.

Corporation's name	Corporation's FEIN	2025 Form CF-1120 Explanation for Sch G
--------------------	--------------------	---

Revised 07/24/2015

EXPLANATION FOR SCHEDULE G – ADJUSTMENTS AFTER APPORTIONMENT				
Schedule G, line 1, Explanation - Allocated Partnership Income/Loss				
A corporation that is a partner in a business activity taxed as partnership by the city must report their allocated portion of the partnership's current year city taxable income or loss.				
	Column 1 Name of Partnership	Column 2 Partnership's Tax Identification Number	Column 3 City Allocated Partnership Income or Loss	Column 4 Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.	Total allocated partnership income/loss (Add Lines 1-10, enter here and on pg. 2, Sch G, line 1)			

Schedule G, line 2, Explanation - Capital Loss Carryovers					
Capital loss carryovers must be allocated at the apportionment percentage of the tax year in which the loss was generated.					
Enter current year capital loss carryovers as negative amounts.					
	Column 1 Tax Year of Capital Loss	Column 2 Capital Loss Carryover Generated	Column 3 Previously Utilized Capital Loss Carryover	Column 4 Remaining Capital Loss Carryover	Column 5 Total Capital Loss Carryover Used this Year
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.	Total capital loss available (Add col. 5, lines 1-10, enter here and on pg. 2, Sch. G, line 2)				

Schedule G, line 3, Explanation - Allocated Net Operating Loss (NOL) Deduction					
NOL's must be allocated at the apportionment percentage of the tax year in which the NOL was generated.					
Enter NOL's as negative amounts.					
	Column 1 Tax Year of NOL	Column 2 NOL Generated	Column 3 Previously Utilized NOL	Column 4 Remaining NOL	Column 5 NOL Used this Year
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.	Net operating loss deduction used this tax year (Add col. 5, lines 1-10, enter here and on pg. 2, Sch. G, line 3)				

SCHEDULE I - CONSOLIDATED RETURN - IDENTIFICATION OF INCLUDED ENTITIES

Revised 09/19/2017

E N T I T I E S	NAME AND ADDRESS OF ALL INCLUDED ENTITIES										
	Enter data for each entity included in this consolidated return. Enter the entity tax ID, name, DBA, ownership percentage, and address as follows: a) tax ID; b) name; c) DBA; d) ownership percentage; e) street number, street name and suite number; f) city; g) state; and h) zip code.										
	Enter included entity's tax ID, name, DBA, and address as per example below. For item D, Ownership Percentage, report the parent corporation's ownership percentage of the included entity.										
0	a	Entity Tax ID	b	Entity name	c	Entity DBA			d	Ownership %	
	e	Street number, street name and apartment or suite number			f	City			g	State	h
1	a		b		c				d		
	e				f				g		h
2	a		b		c				d		
	e				f				g		h
3	a		b		c				d		
	e				f				g		h
4	a		b		c				d		
	e				f				g		h
5	a		b		c				d		
	e				f				g		h
6	a		b		c				d		
	e				f				g		h
7	a		b		c				d		
	e				f				g		h
8	a		b		c				d		
	e				f				g		h
9	a		b		c				d		
	e				f				g		h
10	a		b		c				d		
	e				f				g		h
11	a		b		c				d		
	e				f				g		h
12	a		b		c				d		
	e				f				g		h
13	a		b		c				d		
	e				f				g		h
14	a		b		c				d		
	e				f				g		h
15	a		b		c				d		
	e				f				g		h

Name of corporation	Corporation's FEIN	2025 Form CF-1120, Schedule L
---------------------	--------------------	-------------------------------

SCHEDULE L - LOCATION OF CORPORATE BUSINESS ACTIVITY IN CITY

Revised 09/03/2015

L O N G A M T B I E O R N	LISTING OF ALL LOCATIONS WHERE CORPORATION HAS EMPLOYEES OR PROPERTY IN THE CITY									
	Enter data for each location in the city where an entity included in this return has: an employee (including leased employees, professional employee organization employees, etc.); and/or personal or real property leased or owned. Enter the entity's tax ID, name, DBA, number of employees, and physical address as follows: a) tax ID; b) name; c) DBA; d) number of employees; e) street number, street name and suite number; f) city; g) state; and h) zip code.									
	Enter entity's tax ID, name, DBA, number of employees and location address in the city as per example below									
	0	a	Entity Tax ID	b	Entity name	c	Entity DBA	d	# of employees	
		e	Street number, street name and apartment or suite number			f	City	g	State	h Zip code
	1	a		b		c		d		
		e				f		g		h
	2	a		b		c		d		
		e				f		g		h
	3	a		b		c		d		
		e				f		g		h
	4	a		b		c		d		
		e				f		g		h
	5	a		b		c		d		
		e				f		g		h
	6	a		b		c		d		
	e				f		g		h	
7	a		b		c		d			
	e				f		g		h	
8	a		b		c		d			
	e				f		g		h	
9	a		b		c		d			
	e				f		g		h	
10	a		b		c		d			
	e				f		g		h	
11	a		b		c		d			
	e				f		g		h	
12	a		b		c		d			
	e				f		g		h	
13	a		b		c		d			
	e				f		g		h	
14	a		b		c		d			
	e				f		g		h	
15	a		b		c		d			
	e				f		g		h	

SCHEDULE N - SUPPORTING NOTES AND STATEMENTS	Revised 10/29/2015
---	--------------------

--

Name of corporation		Corporation's FEIN		2025 Form CF-1120, Schedule S1						
SCHEDULE S1 - S CORPORATION SHAREHOLDER'S INFORMATION (For Flint and Grand Rapids returns only)								Revised 09/01/2015		
S H A R E H O L D E R	NAME AND ADDRESS OF ALL SHAREHOLDERS									
	Enter data for each shareholder. If a shareholder is an individual and a part-year resident, report the resident and nonresident portions on separate shareholder lines. Enter in the shareholder tax ID, name and address as follows: a) tax ID; b) name; c) street number, street name and apartment or suite number; d) city; e) state; and f) zip code.									
	If stock of the corporation is held by a nominee, guardian, custodian, or an agent, enter the name, address, and tax identification number of the person for whom the stock is held. If a single member limited liability company (LLC) owns stock in the corporation, and the LLC is treated as a disregarded entity for federal income tax purposes, enter the owner's name and address and the owner's tax identification number. (This is the same information entered on federal Schedule K-1 (Form 1120-S), Part II, items D and E.)									
	Enter shareholder's tax ID, name and address as per example below									
0	a	Shareholder's Tax ID	b	Shareholder's name						
	c	Street number, street name and apartment or suite number			d	City	e	State	f	Zip code
1	a		b							
	c				d		e		f	
2	a		b							
	c				d		e		f	
3	a		b							
	c				d		e		f	
4	a		b							
	c				d		e		f	
5	a		b							
	c				d		e		f	
6	a		b							
	c				d		e		f	
7	a		b							
	c				d		e		f	
8	a		b							
	c				d		e		f	
9	a		b							
	c				d		e		f	
10	a		b							
	c				d		e		f	
11	a		b							
	c				d		e		f	
12	a		b							
	c				d		e		f	
13	a		b							
	c				d		e		f	
14	a		b							
	c				d		e		f	
15	a		b							
	c				d		e		f	

Name of corporation			Corporation's FEIN		2025 Form CF-1120, Schedule S2			
SCHEDULE S2 - S CORPORATION SHAREHOLDER'S INCOME AND TAX PAID (For Flint and Grand Rapids returns only)								Revised 09/01/2015
S H A R E H O L D E R	COLUMN 1 SHAREHOLDER'S TAX IDENTIFICATION NUMBER	COLUMN 2 SHAREHOLDER'S NAME (Truncate to first 18 characters)	COLUMN 3 SHAREHOLDER'S ENTITY CLASSIFICATION (I = INDIVIDUAL, E = ESTATE, EO = EXEMPT ORGANIZATION, ESBT = ELECTING SMALL BUSINESS TRUST, T = TRUST	COLUMN 4 ENTER RESIDENCE STATUS OF INDIVIDUAL SHAREHOLDERS (R = RESIDENT, N = NON-RESIDENT, PR = PART-YEAR, RESIDENT PORTION, PN = PART-YEAR, NONRESIDENT PORTION).	COLUMN 5 ENTER EACH SHAREHOLDER'S OWNERSHIP PERCENTAGE	COLUMN 6 SHAREHOLDER'S SHARE OF PASS THROUGH S-CORPORATION FEDERAL INCOME (Column 5 times Form GR-1120, line 1)	COLUMN 7 SHAREHOLDER'S SHARE OF S-CORPORATION {CITY NAME} TAXABLE INCOME (Column 5 times Form GR-1120, line 11)	COLUMN 8 SHAREHOLDER'S SHARE OF INCOME TAX PAID BY THE S-CORPORATION TO CITY (Enter city's name and corp. tax rate; Column 7 times the city's tax rate)
								{CN}
								{Tax rate}
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Name of corporation		Corporation's FEIN		2025 Form CF-1120, Schedule S3				
SCHEDULE S3 - S CORPORATION SHAREHOLDER'S SHARE OF TAX PAID TO ANOTHER CITY (For Flint and Grand Rapids returns only) #								
<div>Revised 09/01/2015</div>								
S H A R E H O L D E R	COLUMN 1 SHAREHOLDER'S TAX IDENTIFICATION NUMBER	COLUMN 2 SHAREHOLDER'S NAME (Truncate to first 18 characters)	COLUMN 3 SHAREHOLDER'S SHARE OF INCOME TAX PAID BY THE S-CORPORATION TO ANOTHER MICHIGAN CITY (Enter other city's name and their corporation tax rate)	COLUMN 4 SHAREHOLDER'S SHARE OF INCOME TAX PAID BY THE S-CORPORATION TO ANOTHER MICHIGAN CITY (Enter other city's name and their corporation tax rate)	COLUMN 5 SHAREHOLDER'S SHARE OF INCOME TAX PAID BY THE S-CORPORATION TO ANOTHER MICHIGAN CITY (Enter other city's name and their corporation tax rate)	COLUMN 6 SHAREHOLDER'S SHARE OF INCOME TAX PAID BY THE S-CORPORATION TO ANOTHER MICHIGAN CITY (Enter other city's name and their corporation tax rate)	COLUMN 7 SHAREHOLDER'S SHARE OF INCOME TAX PAID BY THE S-CORPORATION TO ANOTHER MICHIGAN CITY (Enter other city's name and their corporation tax rate)	COLUMN 8 SHAREHOLDER'S SHARE OF INCOME TAX PAID BY THE S-CORPORATION TO ANOTHER MICHIGAN CITY (Enter other city's name and their corporation tax rate)
	Enter other city's name here >>>		{CN}					
	Enter other city's corporation tax rate here >>>		{Tax rate}					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Corporation name as shown on CF-1120	Federal Employer Identification Number	2025 WALKER
--------------------------------------	--	-------------

CORPORATION RENAISSANCE ZONE DEDUCTION, SCHEDULE RZ OF FORM CF-1120

FOR COMPUTATION OF THE RENAISSANCE ZONE DEDUCTION

FOR USE BY A CORPORATION LOCATED AND DOING BUSINESS IN A {CITY NAME} RENAISSANCE ZONE

1. Address of each location in a {City Name} Renaissance Zone and the number of the zone	2. Dates qualified to claim RZ deduction
	Starting date / /
	Ending date / /
	Starting date / /
	Ending date / /

DISQUALIFICATION SECTION

A CORPORATION IS NOT QUALIFIED TO CLAIM THE RENAISSANCE ZONE DEDUCTION IF ANY OF THE FOLLOWING TAXES ARE DELINQUENT:

City Income Tax	Personal Property Tax	Commercial Facilities Tax (CFT)	City (Detroit) Utilities Users Tax
Michigan Income Tax	Michigan Single Business Tax	Enterprise Zone Tax	Technology Park Development Tax
General Property Tax	Industrial Facilities Tax (IFT)	Neighborhood Enterprise Zone Tax	Commercial Forest Tax

CORPORATION LOCATED AND DOING BUSINESS IN A RENAISSANCE ZONE

TO CLAIM A RENAISSANCE ZONE DEDUCTION A CORPORATION MUST HAVE REAL AND/OR PERSONAL PROPERTY LOCATED IN A {CITY NAME} RENAISSANCE ZONE AND BE CONDUCTING BUSINESS ACTIVITY IN THE ZONE

RENAISSANCE ZONE APPORTIONMENT PERCENTAGE	COLUMN 1 LOCATED IN {CITY NAME}	COLUMN 2 LOCATED IN RENAISSANCE ZONE	COLUMN 3 PERCENTAGE
Average net book value of real and tangible personal property (If qualified for less than a full tax year, use monthly average)	3		(Column 2 divided by column 1)
4. Gross rents paid on real property multiplied by 8	4		
5. Total property (Add lines 3 and 4 of columns 1 and 2)	5		%
6. Total wages, salaries and other compensation	6		%
7. Total percentages (Add column 3 lines 5 and 6)		7	%
8. Renaissance Zone deduction percentage (Line 7 divided by 2)		8	%

RENAISSANCE ZONE DEDUCTION

The Renaissance Zone designation starts on January 1 of the first year of designation and ends on December 31 of the final year of designation. The deduction is reduced during the last 3 calendar years of a zone's designation. The deduction allowance factor is: 100% for all but the last three years of a zone's designation; 75% for the tax year that is 2 years before the final year of designation; 50% for the tax year immediately preceding the final year of designation; and 25% for the final year of designation. For example, properties in Renaissance within Zones 1 through 6, began having reduced deductions in 2009 (unless a specific property was granted an extension).

CALCULATION OF RENAISSANCE ZONE DEDUCTION (for both fiscal year and calendar year taxpayers)	COLUMN 1 MONTHS IN TAX YEAR PRIOR TO 01/01/2023	COLUMN 2 MONTHS IN TAX YEAR AFTER 12/31/2025
9. Total allocated income (Form CF-1120, page 1, line 7)	9	
10. Renaissance Zone deduction base (Line 9 multiplied by line 8) ¹⁰	10	
11. Enter the number of months in each column for the stated time period	11	
12. Renaissance Zone deduction base for portion of year (Line 10 times line 11 of the column divided by the total number of months in the tax year or short period)	12	
13. Enter Renaissance Zone Deduction Allowance Factor for each column. (Must be equal to 100%, 75%, 50%, 25% or 0%)	13	%
14. Renaissance Zone deduction for each portion of the tax year (Line 12 multiplied by line 13 of the column)	14	
15. Renaissance Zone deduction for the tax year (Add amounts on line 14 of columns 1 and 2; enter here and on Form CF-1120, page 1, line 8)	15	

Revised 06/02/2015

Corporation name as shown on CF-1120	Federal Employer Identification Number	2025 WALKER
--------------------------------------	--	-------------

CORPORATION TOOL AND DIE RECOVERY ZONE DEDUCTION, SCHEDULE TD OF FORM CF-1120

FOR COMPUTATION OF THE TOOL AND DIE RECOVERY ZONE DEDUCTION

FOR USE BY A CORPORATION LOCATED AND DOING BUSINESS IN A {CITY NAME} TOOL AND DIE RECOVERY ZONE

1. Address of each location in a {City Name} Tool and Die Recovery Zone and the number of the zone	2. Dates qualified to claim RZ deduction
	Starting date / /
	Ending date / /
	Starting date / /
	Ending date / /

DISQUALIFICATION SECTION

A CORPORATION IS NOT QUALIFIED TO CLAIM THE TOOL AND DIE RECOVERY ZONE DEDUCTION IF ANY OF THE FOLLOWING TAXES ARE DELINQUENT:

City Income Tax	Personal Property Tax	Commercial Facilities Tax (CFT)	City (Detroit) Utilities Users Tax
Michigan Income Tax	Michigan Single Business Tax	Enterprise Zone Tax	Technology Park Development Tax
General Property Tax	Industrial Facilities Tax (IFT)	Neighborhood Enterprise Zone Tax	Commercial Forest Tax

CORPORATION LOCATED AND DOING BUSINESS IN A TOOL AND DIE RECOVERY ZONE

TO CLAIM A TOOL AND DIE RECOVERY ZONE DEDUCTION A CORPORATION MUST HAVE REAL AND/OR PERSONAL PROPERTY LOCATED IN A {CITY NAME} TOOL AND DIE RECOVERY ZONE AND BE CONDUCTING BUSINESS ACTIVITY IN THE ZONE

RECOVERY ZONE APPORTIONMENT PERCENTAGE	COLUMN 1 LOCATED IN {CITY NAME}	COLUMN 2 LOCATED IN RECOVERY ZONE	COLUMN 3 PERCENTAGE
Average net book value of real and tangible personal 3. property (If qualified for less than a full tax year, use monthly average)	3		(Column 2 divided by column 1)
4. Gross rents paid on real property multiplied by 8	4		
5. Total property (Add lines 3 and 4 of columns 1 and 2)	5		%
6. Total wages, salaries and other compensation	6		%
7. Total percentages (Add column 3 lines 5 and 6)		7	%
8. Tool and Die Recovery Zone deduction percentage (Line 7 divided by 2)		8	%

TOOL AND DIE RECOVERY ZONE DEDUCTION

The Tool and Die Recovery Zone designation starts on January 1 of the first year of designation and ends on December 31 of the final year of designation. The deduction is reduced during the last 3 calendar years of a zone's designation. The deduction allowance factor is: 100% for all but the last three years of a zone's designation; 75% for the tax year that is 2 years before the final year of designation; 50% for the tax year immediately preceding the final year of designation; and 25% for the final year of designation. For example, properties in Renaissance within Zones 1 through 6, began having reduced deductions in 2009 (unless a specific property was granted an extension).

CALCULATION OF TOOL AND DIE RECOVERY ZONE DEDUCTION (for both fiscal year and calendar year taxpayers)		COLUMN 1 MONTHS IN TAX YEAR PRIOR TO 01/01/2023	COLUMN 2 MONTHS IN TAX YEAR AFTER 12/31/2025
9. Total allocated income (Form CF-1120, page 1, line 7)	9		
10. Tool and Die Recovery Zone deduction base (Ln 9 times ln 8)	10		
11. Enter the number of months in each column for the stated time period	11		
12. Tool and Die Recovery Zone deduction base for portion of year (Line 10 times line 11 of column divided by the total number of months in tax year or short period)	12		
13. Enter Tool and Die Recovery Zone Deduction Allowance Factor for each column. (Must be equal to 100%, 75%, 50%, 25% or 0%)	13	%	%
14. Tool and Die Recovery Zone deduction for each portion of the tax year (Line 12 multiplied by line 13 of the column)	14		
15. Tool and Die Recovery Zone deduction for the tax year (Add amounts on line 14 of columns 1 and 2; enter here and on Form CF-1120, page 1, line 8)	15		

Revised 06/02/2015

CF-7004**WALKER**
APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE CERTAIN RETURNS**2025 RET EXT**
2025 CRP PEX
2025 CRP CEXThis application is for: ☐ Form CF-1041 ☐ Form CF-1065 ☐ Form CF-1120

Name of Taxpayer

Taxpayer's FEIN:

File on or Before:

4/30/2026 or the last day of the fourth
month after the end of the tax year or short tax year

Payment:

\$

Payment Method:

- Make payment by check or money order payable to "City of WALKER." DO NOT SEND CASH.
- Write the taxpayer's FEIN, daytime phone number and "2025 CF-7004" on check or money order.
- To pay by credit card or direct debit, see income tax website, go to the income tax website of the city.

Address for Payment: Walker City Income Tax Department

PO BOX 153

Grand Rapids MI 49501-0153

Instructions:

- An extension to file does not extend the due date to pay tax. Tax paid late will be assessed late fees.
- Line 1: Enter the total tax liability you expect to report on your 2025 city income tax return.
- Line 2: Enter the total payments that you expect to report on your 2025 city income tax return, not including the extension payment reported on line 3 of this form.
- Filing date: The income tax ordinance limits an extension to SIX months from the original due date.

Related Information: • Federal extension: Filing a federal extension (Form 7004) with the Internal Revenue Service does not grant an extension of time to file a city income tax return.

Payment:

- An extension is automatically granted upon payment of the balance due (line 3); failure to pay the balance due invalidates the extension request; an extension filed without a payment will not be accepted.
- Interest and penalty will be assessed on taxes paid late even if an extension of time to file is granted.
- Penalty may be waived by the Income Tax Administrator if the tax paid by the original due date is not understated by more than 5% of tax or the taxpayer can show that the failure to pay on time was due to reasonable cause.

Taxpayer Records:

Amount Paid: _____

Check Number: _____

Date Mailed: _____

* Due Date

If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day. Revised 11/03/2018

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT**V DETACH HERE V****CF-7004****WALKER****APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE CERTAIN RETURNS****2025 RET EXT**
2025 CRP PEX
2025 CRP CEXThis application is for: ☐ Form CF-1041 ☐ Form CF-1065 ☐ Form CF-1120

Mail To: Walker City Income Tax Department

PO BOX 153

Grand Rapids MI 49501-0153

The application is for calendar year 2025, or tax year beginning

NACTP #

EFIN #

, 20 , and ending , 20

Name of taxpayer

Taxpayer's FEIN

Address (Number and street)

Suite. no.

Payment voucher 2D barcode

Address line 2 (P.O. Box address for mailing use only)

City, town or post office

State

Zip code

1. Estimate of total tax liability for 2025

2. Total 2025 payments and credits

3. Balance due (Line 1 less line 2)

CF-7004-EFT

WALKER
APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE CERTAIN RETURNS

2025 RET EXT
2025 CRP PEX
2025 CRP CEX

This application is for: ☐ Form CF-1041 ☐ Form CF-1065 ☐ Form CF-1120

Name of Taxpayer
 Taxpayer's FEIN:

Bank Routing Number:
 Bank Account Number:
 Type of Bank Account:

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

File on or Before: 4/30/2026 or the last day of the fourth month after the end of the tax year or short tax year

Payment: \$

Address for Payment: **Walker City Income Tax Department**
PO BOX 153
Grand Rapids MI 49501-0153

Instructions:

- An extension to file does not extend the due date to pay tax. Tax paid late will be assessed late fees.
- Line 1: Enter the total tax liability you expect to report on your 2025 city income tax return.
- Line 2: Enter the total payments that you expect to report on your 2025 city income tax return, not including the extension payment reported on line 3 of this form.
- Filing date: The income tax ordinance limits an extension to SIX months from the original due date.

Related Information: • Federal extension: Filing a federal extension (Form 7004) with the Internal Revenue Service does not grant an extension of time to file a city income tax return.

Payment:

- An extension is automatically granted upon payment of the balance due (line 3); failure to pay the balance due invalidates the extension request; an extension filed without a payment will not be accepted.
- Interest and penalty will be assessed on taxes paid late even if an extension of time to file is granted.
- Penalty may be waived by the Income Tax Administrator if the tax paid by the original due date is not understated by more than 5% of tax or the taxpayer can show that the failure to pay on time was due to reasonable cause.

Taxpayer Records:

Amount Paid: _____
 Date Mailed: _____

Revised 11/03/2015

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-7004-EFT

WALKER
APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE CERTAIN RETURNS

2025 RET EXT
2025 CRP PEX
2025 CRP CEX

This application is for: ☐ Form CF-1041 ☐ Form CF-1065 ☐ Form CF-1120

Mail To: Walker City Income Tax Department
 PO BOX 153
 Grand Rapids MI 49501-0153

NACTP #		The application is for calendar year 2021, or tax year beginning	
EFIN #		, 20	and ending , 20
Name of taxpayer		Taxpayer's FEIN	Bank routing number
			Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
			Bank account number
Address (Number and street) Suite. no.		* The balance due (line 3 below) is the amount you authorize the city to withdraw from your bank account.	
Address line 2 (P.O. Box address for mailing use only)			
City, town or post office	State Zip code		
		Payment voucher 2D barcode	
		1. Estimate of total tax liability for 2025	
		2. Total 2022 payments and credits	
		3. Balance due (Line 1 less line 2)	

CF-1120PV**WALKER
CORPORATION INCOME TAX RETURN PAYMENT VOUCHER****2025 CRP CPV**Name of Corporation: Corporation's FEIN:

Due on or Before: 4/30/2026 or the last day of the fourth month after the end of the tax year or short tax year

Payment: \$

Payment Method: Make payment by check or money order payable to "City of WALKER." Write the corporation's FEIN number, daytime phone number, and "2025 CF-1120PV" on your check or money order. DO NOT SEND CASH. To pay by credit card or direct debit, go to the income tax website of the City.

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: Walker City Income Tax Department
PO BOX 153
Grand Rapids MI 49501-0153

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Revised 11/03/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT**V DETACH HERE V****CF-1120PV****WALKER
CORPORATION INCOME TAX RETURN PAYMENT VOUCHER****2025 CRP CPV**

Revised 11/03/2015

Mail To: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

NACTP # EFIN #

Name of corporation

Corporation's FEIN

Address (Number and street)

Suite. no.

Payment voucher 2D barcode

Address line 2 (P.O. Box address for mailing use only)

City, town or post office

State

Zip code

Amount of tax, interest and penalty you are paying by
check or money order

Round to nearest dollar

CF-1120PV-EFT

**WALKER
CORPORATION INCOME TAX RETURN PAYMENT VOUCHER**

2025 CRP CPV

Name of Corporation Bank Routing Number: Corporation's FEIN: Bank Account Number:

Due on or Before: 04/30/2026 or the last day of the fourth month after the end of the fiscal year.

Type of Bank Account: ☐ Checking ☐ SavingsPayment: \$

Payment Method:

- DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
- The payment voucher is authorization for city to directly withdrawal your payment from your bank account.

Paying with Return: This payment voucher is not used when including payment with your tax return. When paying with the return, place the payment on top of the return in the envelope. Do not attach the check to the return.

Address for Payment: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Revised 11/03/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT**V DETACH HERE V**

CF-1120PV-EFT

**WALKER
CORPORATION INCOME TAX RETURN PAYMENT VOUCHER**

2025 CRP CPV

Revised 11/03/2015

Mail To: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

NACTP # EFIN #

Name of corporation		Corporation's FEIN	Bank routing number	Type of account	Checking	
					Savings	
			Bank account number			
Address (Number and street) Suite. no		Payment voucher 2D barcode				
Address line 2 (P.O. Box address for mailing use only)						
City, town or post office	State					
			Amount of tax, interest and penalty you authorize the city to withdraw directly from your bank account		Round to nearest dollar	

CF-1120ES

**WALKER
CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER
FIRST QUARTER**

2026 EST C1Q

Name of Corporation: Corporation's FEIN:

Due on or Before: 4/30/2026 or the last day of the fourth month after the start of the fiscal year or short tax year

Payment: \$

Payment Method:

- Make payment by check or money order payable to "City of WALKER." Write the corporation's FEIN number, daytime phone number, and "2026 CF-1120ES" on your payment. DO NOT SEND CASH.
- To pay by direct debit to your bank account, use form CF-1120ES-EFT. Many cities do not accept direct debit estimated tax payments. See city's website for more information.
- To pay by credit card see income tax website of the city.

Address for Payment: Walker City Income Tax Department
PO BOX 153
Grand Rapids MI 49501-0153

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Revised 11/03/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1120ES

**WALKER
FIRST QUARTER CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER**

2026 EST C1Q

Revised 11/03/2015

Mail To: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

NACTP # EFIN # **PAYMENT VOUCHER 1 Due Date:**

Name of corporation		Corporation's FEIN		
Address (Number and street) Suite. no.		Payment voucher 2D barcode		
Address line 2 (P.O. Box address for mailing use only)				
City, town or post office	State Zip code			
		Amount of estimated tax you are paying by check or money order	Round to nearest dollar	

CF-1120ES

**WALKER
CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER
SECOND QUARTER**

2026 EST C2Q

Name of Corporation: Corporation's FEIN:

Due on or Before: 6/30/2026 or the last day of the sixth month after the start of the fiscal year or short tax year

Payment: \$

Payment Method:

- Make payment by check or money order payable to "City of WALKER." Write the corporation's FEIN number, daytime phone number, and "2026 CF-1120ES" on your payment. DO NOT SEND CASH.
- To pay by direct debit to your bank account, use form CF-1120ES-EFT. Many cities do not accept direct debit estimated tax payments. See city's website for more information.
- To pay by credit card see income tax website of the city.

Address for Payment: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Revised 11/03/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1120ES

**WALKER
SECOND QUARTER CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER**

2026 EST C2Q

Revised 11/03/2015

Mail To: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

NACTP # EFIN # **PAYMENT VOUCHER 2 Due Date:**

Name of corporation		Corporation's FEIN		
Address (Number and street) Suite. no.		Payment voucher 2D barcode		
Address line 2 (P.O. Box address for mailing use only)				
City, town or post office	State Zip code			
		Amount of estimated tax you are paying by check or money order	Round to nearest dollar .00	

CF-1120ES

**WALKER
CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER
THIRD QUARTER**

2026 EST C3Q

Name of Corporation: Corporation's FEIN:

Due on or Before: 9/30/2026 or the last day of the ninth month after the start of the fiscal year or short tax year

Payment: \$

Payment Method:

- Make payment by check or money order payable to "City of WALKER." Write the corporation's FEIN number, daytime phone number, and "2026 CF-1120ES" on your payment. DO NOT SEND CASH.
- To pay by direct debit to your bank account, use form CF-1120ES-EFT. Many cities do not accept direct debit estimated tax payments. See city's website for more information.
- To pay by credit card see income tax website of the city.

Address for Payment: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Revised 11/03/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1120ES

**WALKER
THIRD QUARTER CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER**

2026 EST C3Q

Revised 11/03/2015

Mail To: Walker City Income Tax DEPT
PO BOX 153
Grand Rapids MI 49501-0153

NACTP # EFIN # **PAYMENT VOUCHER 3 Due Date:**

Name of corporation		Corporation's FEIN		
Address (Number and street) Suite. no.		Payment voucher 2D barcode		
Address line 2 (P.O. Box address for mailing use only)				
City, town or post office	State Zip code			
		Amount of estimated tax you are paying by check or money order	Round to nearest dollar .00	

CF-1120ES

WALKER
CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER
FOURTH QUARTER

2026 EST C4Q

Name of Corporation: Corporation's FEIN:

Due on or Before: 1/31/2027 or the last day of the thirteenth month after the start of the fiscal year or short tax year

Payment: \$

Payment Method:

- Make payment by check or money order payable to "City of WALKER." Write the corporation's FEIN number, daytime phone number, and "2026 CF-1120ES" on your payment. DO NOT SEND CASH.
- To pay by direct debit to your bank account, use form CF-1120ES-EFT. Many cities do not accept direct debit estimated tax payments. See city's website for more information.
- To pay by credit card see income tax website of the city.

Address for Payment: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Revised 11/03/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1120ES

WALKER
FOURTH QUARTER CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER

2026 EST C4Q

Revised 11/03/2015

Mail To: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

NACTP # EFIN # **PAYMENT VOUCHER 4 Due Date:**

Name of corporation		Corporation's FEIN			
Address (Number and street)		Suite. no.		Payment voucher 2D barcode	
Address line 2 (P.O. Box address for mailing use only)					
City, town or post office		State	Zip code		
		Amount of estimated tax you are paying by check or money order		Round to nearest dollar	
				.00	

CF-1120ES-EFT

**WALKER
CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER
FIRST QUARTER**

2026 EST C1Q

Name of Corporation:	<input type="text"/>	Bank Routing Number:	<input type="text"/>
Corporation's FEIN:	<input type="text"/>	Bank Account Number:	<input type="text"/>
Due on or Before:	04/30/2026 or the last day of the fourth month after the start of the fiscal year.	Type of Bank Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Payment:	\$ <input type="text"/>	Elective Withdrawal Date:	<input type="text"/>

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for city to directly withdrawal your payment from your bank account.

Additional Information: If due date falls on a Saturday, Sunday or legal holiday, the due date is extended to the next business day.

Address for Payment: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

Taxpayer Records: Amount Paid:

*** Due Date** If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Revised 11/03/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1120ES-EFT

**WALKER
FIRST QUARTER CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER**

2026 EST C1Q

Revised 11/03/2015

Mail To: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

NACTP # EFIN # **PAYMENT VOUCHER 1 Due Date:**

Name of corporation	Corporation's FEIN	Bank routing number	Type of account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
		Bank account number	Elective withdrawal date	
Address (Number and street) Suite. no.		Payment voucher 2D barcode		
Address line 2 (P.O. Box address for mailing use only)				
City, town or post office	State Zip code			
		Amount of tax, interest and penalty you authorize the city to withdraw directly from your bank account	Round to nearest dollar .00	

CF-1120ES-EFT

**WALKER
CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER
SECOND QUARTER**

2026 EST C2Q

Name of Corporation:	<input type="text"/>	Bank Routing Number:	<input type="text"/>
Corporation's FEIN:	<input type="text"/>	Bank Account Number:	<input type="text"/>
Due on or Before:	06/30/2026 or the last day of the sixth month after the start of the fiscal year.	Type of Bank Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Payment:	\$ <input type="text"/>	Elective Withdrawal Date:	<input type="text"/>

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for city to directly withdrawal your payment from your bank account.

Additional Information: If due date falls on a Saturday, Sunday or legal holiday, the due date is extended to the next business day.

Address for Payment: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

Taxpayer Records: Amount Paid:

*** Due Date** If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Revised 11/03/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1120ES-EFT

**WALKER
SECOND QUARTER CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER**

2026 EST C2Q

Revised 11/03/2015

Mail To: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501

NACTP # EFIN #

PAYMENT VOUCHER 2 Due Date:

Name of corporation		Corporation's FEIN	Bank routing number	Type of account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Address (Number and street) Suite. no.		Payment voucher 2D barcode			
Address line 2 (P.O. Box address for mailing use only)		Elective withdrawal date			
City, town or post office	State	Zip code	Amount of tax, interest and penalty you authorize the city to withdraw directly from your bank account		
			Round to nearest dollar		
			.00		

CF-1120ES-EFT

**WALKER
CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER
THIRD QUARTER**

2026 EST C3Q

Name of Corporation: <input style="width: 240px;" type="text"/>	Bank Routing Number: <input style="width: 220px;" type="text"/>
Corporation's FEIN: <input style="width: 240px;" type="text"/>	Bank Account Number: <input style="width: 220px;" type="text"/>
Due on or Before: 09/30/2026 or the last day of the ninth month after the start of the fiscal year.	Type of Bank Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Payment: \$ <input style="width: 240px;" type="text"/>	Elective Withdrawal Date: <input style="width: 220px;" type="text"/>

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for city to directly withdrawal your payment from your bank account.

Additional Information: If due date falls on a Saturday, Sunday or legal holiday, the due date is extended to the next business day.

Address for Payment: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

Taxpayer Records: Amount Paid:

*** Due Date** If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Revised 11/03/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1120ES-EFT

**WALKER
THIRD QUARTER CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER**

2026 EST C3Q

Revised 11/03/2015

Mail To: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

NACTP # EFIN #

PAYMENT VOUCHER 3 Due Date:

Name of corporation		Corporation's FEIN	Bank routing number	Type of account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Address (Number and street) Suite. no.		Payment voucher 2D barcode			
Address line 2 (P.O. Box address for mailing use only)		Elective withdrawal date			
City, town or post office	State	Zip code			
			Amount of tax, interest and penalty you authorize the city to withdraw directly from your bank account		Round to nearest dollar <div style="text-align: right;">.00</div>

CF-1120ES-EFT

**WALKER
CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER
FOURTH QUARTER**

2026 EST C4Q

Name of Corporation:	<input type="text"/>	Bank Routing Number:	<input type="text"/>
Corporation's FEIN:	<input type="text"/>	Bank Account Number:	<input type="text"/>
Due on or Before:	01/31/2027 or the last day of the 12th month after the start of the fiscal year.	Type of Bank Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Payment:	\$ <input type="text"/>	Elective Withdrawal Date:	<input type="text"/>

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for city to directly withdrawal your payment from your bank account.

Additional Information: If due date falls on a Saturday, Sunday or legal holiday, the due date is extended to the next business day.

Address for Payment: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

Taxpayer Records: Amount Paid:

*** Due Date** If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Revised 11/03/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1120ES-EFT

**WALKER
FOURTH QUARTER CORPORATION ESTIMATED INCOME TAX PAYMENT VOUCHER**

2026 EST C4Q

Revised 11/03/2015

Mail To: Walker City Income Tax Dept
PO BOX 153
Grand Rapids MI 49501-0153

NACTP # EFIN # **PAYMENT VOUCHER 4 Due Date:**

Name of corporation	Corporation's FEIN	Bank routing number	Type of account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
		Bank account number	Elective withdrawal date	
Address (Number and street) Suite. no.		Payment voucher 2D barcode		
Address line 2 (P.O. Box address for mailing use only)				
City, town or post office	State Zip code			
		Amount of tax, interest and penalty you authorize the city to withdraw directly from your bank account	Round to nearest dollar .00	