

PARTNERSHIP INCOME TAX RETURN

For fiscal year or other taxable period beginning / / 2025 and ending / /

IDENTIFICATION AND INFORMATION

A1. Name of partnership		B1. Employer identification No.			
		B2. Date business started			
A2. In care of		B3. Principal business activity			
		B4. Principal product or service			
A3. Street number and name		A4. Rm. or Ste. No.	B5. Number of partners	B6. Number of employees	
A4. Address 2		C. What type of entity is filing this return? Check the appropriate box:			
A5. City, town or post office		A6. State	A7. Zip code	<input type="checkbox"/> C1. Domestic general partnership <input type="checkbox"/> C2. Domestic limited liability company (LLC) <input type="checkbox"/> C3. Foreign partnership	<input type="checkbox"/> C4. Domestic limited partnership <input type="checkbox"/> C5. Domestic limited liability partnership (LLP) <input type="checkbox"/> C6. Other ►
A8. Foreign country name		A9. Foreign province/county	A10. Foreign postal code	D. What type of return filed. Check all boxes that apply:	
				<input type="checkbox"/> D1. Information only <input type="checkbox"/> D2. Initial return	<input type="checkbox"/> D3. Amended return <input type="checkbox"/> D4. Final return

Enter below the general partner or member manager designated as the tax matters partner (TMP) on the federal partnership return for the tax year of this return:

E1. Name of designated TMP	E4. Identifying number of TMP	
E2. If the TPM is an entity, name of TMP representative	E5. Phone number of TMP	
E3. Address of designated TMP		

F. Mark (X) box if partnership elects to pay tax on behalf of partners, complete the remaining sections of the return that apply and the remainder of this page.

The partnership may elect to pay tax for partners only if it pays the tax for ALL partners subject to the tax. If the partnership elects to file an information return, complete the Identification and Information section, the Disclosure section, the Signature section of this page and the remaining sections of the return that apply to the partnership.

TAX	1. Tax (Sum of totals of Tax Due Schedule 2, column 8 and column 9)	1
PAYMENTS & CREDITS	2a. Estimated income tax payments for tax year	2a
	2b. Prior year credit forward	2b
	2c. Extension Payment	2c
	2d. Tax paid by another partnership	2d
	2e. Credit for tax paid to another city on behalf of resident partners (Enter total from Sch G, col 7)	2e
	2f. Total tax paid (Add lines 2a through 2e)	2f
BALANCE DUE	3. If the tax due (line 1) is larger than the payments and credits (line 2f), enter balance due Enclose check or money order payable to the City of {City Name}. To pay with an electronic funds withdrawal: mark (X) Pay Tax Due box, line 8 and complete line 8 a, b, c, d & e	3
OVERPAYMENT	4. If payments and credits (line 2f) are larger than tax (Line 1), enter overpayment	4
CREDIT FWD	5. Overpayment to be credited forward and applied to 2026 estimated tax	5
DONATIONS	6. Donations: Donation 1 Donation 2 Donation 3 6a. <input type="text"/> 6b. <input type="text"/> 6c. <input type="text"/> Total Donations 6d	6d
REFUND	7. Refund. For direct deposit refund mark (X) box on line 8 and complete lines 8 a, b, c, d & e (Line 4 less lines 5 and 6d)	7
ELECTRONIC REFUND OR PAYMENT DATA	8. Direct deposit refund or direct withdrawal payment (Mark X appropriate box 8a or 8b and complete lines 8c, 8d and 8e)	8a. <input type="checkbox"/> Refund (Direct Deposit) 8b. <input type="checkbox"/> Pay tax due (direct withdrawal) 8c. Routing number 8d. Account number 8e. Account Type: 8e1. Checking 8e2. Savings

DISCLOSURE OF RETURN INFORMATION

9. Do you want to allow the preparer or another person to discuss this return with the Income Tax Office?	9a. Yes, complete 10a and 10b	9b. No
10a. Designee's name	10b. Designee's phone number	

SIGNATURE

11a. Date signed	11b. Signature of partner	11c. Printed name of partner signing return	11d. Phone number () -
12a. Signature of preparer		12c. Firm name	12d. Date prepared
		12d. Address 1 (include suite #)	
12b. Printed name of preparer		12e. Address 2	12f. City, state & zip code
		12f. City, state & zip code	12h. Preparer's phone number () -
13. NACTP software number			

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

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

Revised 08/10/2023

Name of partnership

Partnership's FEIN

2025 Form CF-1065, Schedule 1

Revised 08/10/2025

Attachment 1**SCHEDULE 1 - PARTNER INFORMATION SCHEDULE**

P N A U R M T B N E R R	COLUMN 1 NAME AND ADDRESS OF ALL PARTNERS (Complete column 1, column 2 and, if necessary, columns 3 and 4; if column 4 for partner equals part-year (PR or PN), report the resident and nonresident portions on separate partner lines) Enter partner's name and address as per example below	COLUMN 2 PARTNER'S SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	COLUMN 3 TYPE OF ENTITY OF PARTNER (Follow Federal Form 1065 instructions for Schedule K-1, Item I; see Partner Entity Classification Chart)	COLUMN 4 IF PARTNER IS AN INDIVIDUAL OR NOMINEE REPRESENTING AN INDIVIDUAL, ENTER RESIDENCE STATUS OF PARTNER (R = Resident, N = Nonresident, PR = Part-year resident portion, PN = Part-year nonresident portion)	COLUMN 5 IF COLUMN 4 EQUALS PART- YEAR RESIDENT ENTER RESIDENCY START DATE ON RESIDENT (PR) LINE AND END DATE ON NONRESIDENT (PN) LINE
					EX
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

2025 Form CF-1065, Schedule 2

2025 Form CF-1065, Schedules A & B

SCHEDULE A - ALLOCABLE PARTNERSHIP ORDINARY BUSINESS INCOME		Revised 09/15/2022
		Attachment 3
1.	Ordinary business income (loss) (Form 1065, pg. 1, line 22) (Attach copy of federal Form 1065, Sch K (1065), ancillary schedules and statements)	
2.	Add City of {City Name} income tax, if deducted in determining income on federal Form 1065	
3.	Add interest and other costs incurred in connection with the production of income exempt from {City Name} income tax (Attach schedule)	
4.	Deduct Sec. 179 depreciation (Federal Schedule K, line 12)	
5.	Other partnership deductions allowed under Michigan Uniform City Income Tax Ordinance (Attach explanation)	
6	Deduct ordinary income (loss) from other partnerships, estates & trusts (Federal Form 1065, page 1, line 4; attach explanation)	
7.	Total adjusted ordinary business income (Add lines 1, 2, 3 and subtract lines 4, 5 and 6)	

Revised 9/16/2021

Attachment 4

SCHEDULE B – PARTNERSHIP INCOME NOT INCLUDED IN SCHEDULE A

ATTACH COPY OF FEDERAL SCHEDULE K (1065) ATTACH SCHEDULES TO EXPLAIN ALL EXCLUSIONS	FEDERAL FORM 1065 REFERENCE	COLUMN 1 APPORTIONED INCOME	COLUMN 2 TOTAL EXCLUDABLE RESIDENT PARTNERS' PORTION OF COLUMN 1	COLUMN 3 TOTAL EXCLUDABLE NONRESIDENT, ESTATE AND TRUST PARTNERS' PORTION OF COLUMN 1	COLUMN 4 TOTAL EXCLUDABLE CORPORATION PARTNERS' PORTION OF COLUMN 1	COLUMN 5 TOTAL EXCLUDABLE OTHER PARTNERS' PORTION OF COLUMN 1 (Partners not in columns 2, 3 or 4)	COLUMN 6 TOTAL TAXABLE AT RESIDENT OR CORPORATE TAX RATE (Column 1 less column 2, 4 or 5)	COLUMN 7 TOTAL TAXABLE AT NONRESIDENT TAX RATE (Column 1 less column 3)
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NONBUSINESS INTEREST AND DIVIDENDS (SEE INSTRUCTIONS)

1. Nonbusiness interest income	Sch. K, line 5							
2. Nonbusiness dividend income	Sch. K, lines 6a							

SALE OR EXCHANGE OF PROPERTY (SEE INSTRUCTIONS)

3. Net short-term capital gain (loss)	Sch. K, line 8							
4. Net long-term capital gain (loss)	Sch. K, L. 9a - c							
5. Net Section 1231 gain (loss)	Sch. K, line 10							

RENTS AND ROYALTIES (IF INCOME INCLUDES RENTAL REAL ESTATE, ATTACH COPY OF FEDERAL FORM 8825)

6. Net income (loss) from rental real estate activities	Sch. K, line 2							
7. Net income (loss) from other rental activities	Sch. K, line 3c							
8. Royalty income	Sch. K, line 7							

OTHER INCOME

9. Other income	Sch. K, line 11							
10. Ordinary income from other partnerships (See ** below)	Form 1065, line 4							
11. Total apportioned income (Add lines 1 through 10 of each column)								

Amounts reported in column 1 are from federal Form 1065 or Schedule K (1065).

** Attach schedule showing name, address and FEIN of each partnership.

Name of partnership	Partnership's FEIN	2025 Form CF-1065, Schedules C & D
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SCHEDULE C – INCOME DISTRIBUTION TO PARTNERS

Revised 08/29/2025
Attachment 5

P N A U R M T B N E E R R	COLUMN 1 ADJUSTED ORDINARY BUSINESS INCOME (Total equals Schedule A, line 7)	COLUMN 2 GUARANTEED PAYMENTS TO PARTNERS (Fed. 1065, line 10)	COLUMN 3 INCOME SUBJECT TO ALLOCATION (Add Column 1 and Column 2)	COLUMN 4 ALLOCATION PERCENTAGE (Resident partners enter 100%; partnership partners see instructions; other partners enter percentage from Sch. D, line 5)	COLUMN 5 ALLOCATED ORDINARY BUSINESS INCOME (Column 3 multiplied by percentage in Column 4)	COLUMN 6 RESIDENT, CORPORATION AND PARTNERSHIP PARTNER'S PORTION OF SCHEDULE B INCOME (From Schedule B, line 11, column 6)	COLUMN 7 NONRESIDENT, ESTATE AND TRUST PARTNER'S PORTION OF SCHEDULE B INCOME (From Schedule B, line 11, column 7)	COLUMN 8 TOTAL INCOME (Add columns 5, 6 and 7; If partnership elects to pay tax, enter on Schedule 2, column 1)
1				%				
2				%				
3				%				
4				%				
5				%				
6				%				
7				%				
8				%				
9				%				
10				%				
Totals				%				

SCHEDULE D – BUSINESS ALLOCATION PERCENTAGE

Revised 06/18/2014
Attachment 6

	COLUMN 1 LOCATED EVERYWHERE	COLUMN 2 LOCATED IN CITY	COLUMN 3 PERCENTAGE (Column 2 divided by column 1)
1. a. Average net book value of real and tangible personal property			%
b. Gross annual rent paid for real property only, multiplied by 8			%
c. Totals (Add lines 1a and 1b)			%
2. Total wages, salaries, commissions and other compensation of all employees			%
3. Gross receipts from sales made or services rendered			%
4. Total percentages (Add the percentages computed in column 3, lines 1c, 2 and 3)			%
5. Business allocation percentage (Divide line 4 by the number of factors) Enter here and on Schedule C, column 2 (See note below)			%
Note 3. In determining the business allocation 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.			
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:			
a. Numerator		c. Percentage (a divided by b) (Enter here and on Schedule C, Col. 2)	%
b. Denominator		d. Date of Administrator's approval letter (mm/dd/yyyy)	

Name of partnership	Partnership's FEIN	2025 Form CF-1065, Schedule E
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Revised 08/10/2025

Attachment 7

SCHEDULE E – RENTAL REAL ESTATE

If the business activity of the partnership includes rental of real estate, indicate below the complete address and the gain or loss of each property.

PROPERTY #	PROPERTY ADDRESS (Street number, street name, city, state and zip code)	GAIN OR LOSS
1.		
2.		
3.		
4.		
5.		
TOTALS	(ATTACH COPY OF FEDERAL FORM 8825)	

2025 Form CF-1065, Schedule G

Revised 08/10/2025

SCHEDULE G – CREDIT FOR TAX PAID TO ANOTHER CITY ON BEHALF OF RESIDENT PARTNERS Attachment 8

If tax is paid to more than one other city on behalf of a resident partner, use a separate line for each city. Total the amounts in column 6 for the partner and enter the total credit for the partner on the last line for the partner in column 7.

Partnership's name	Partnership's FEIN	2025 Walker
SCHEDULE N – SUPPORTING NOTES AND STATEMENTS		Attachment 10 Revised 08/10/2025

CF-7004**WALKER****APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE CERTAIN RETURNS****2025****RETEXT****2025****CRPPEX****2025****CRPCEX**This 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 INCOME TAX DEPARTMENTPO 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: 08/17/2020

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

V DETACH HERE V

CF-7004**WALKER****2025****RETEXT****APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE CERTAIN RETURNS****2025****CRPPEX****2025****CRPCEX**This application is for: Form CF-1041 Form CF-1065 Form CF-1120

Revised: 09/16/2021

Mail To: City of WALKER

V DETACH HERE V

CF-7004**WALKER****2025****RETEXT****APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE CERTAIN RETURNS****2025****CRPPEX****2025****CRPCEX**

NACTP #

PO BOX 153

The application is for calendar year 2025 or tax year beginning

EFIN #

GRAND RAPIDS MI 49501-0153

, 20

, 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	.00
2. Total 2025 payments and credits	.00
3. Balance due (Line 1 less line 2)	.00

This application is for: Form CF-1041 Form CF-1065 Form CF-1120Name 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: \$

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 withdraw your payment from your bank account.

Address for Payment: WALKER 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: _____* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day. Revised: 09/16/2021
KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

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

Revised: 08/17/2020

Mail To: City of WALKER

NACTP #		PO BOX 153	The application is for calendar year 2025 or tax year beginning		
EFIN #		GRAND RAPIDS MI 49501-0153	, 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	* The balance due (line 3 below) is the amount you authorize the city to withdraw from your bank account.
Address (Number and street)			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 .00	
				2. Total 2025 payments and credits .00	
				3. Balance due (Line 1 less line 2) .00	

CF-1065PV**WALKER
PARTNERSHIP INCOME TAX RETURN PAYMENT VOUCHER****2025 CRP PPV**Name of Partnership: Partnership'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 {City Name}." Write the partnership's FEIN number, daytime phone number, and "2025 CF-1065PV" 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 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 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: 09/16/2021

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

CF-1065PV**WALKER****2025 CRP PPV****PARTNERSHIP INCOME TAX RETURN PAYMENT VOUCHER**

Revised: 09/16/2021

Mail To: City of WALKER

PO BOX 153

GRAND RAPIDS MI 49501-0153

NACTP #	<input type="text"/>
EFIN #	<input type="text"/>

Name of partnership		Partnership'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 .00

CF-1065PV-EFT

WALKER
PARTNERSHIP INCOME TAX RETURN PAYMENT VOUCHER

2025 CRP PPVName of Partnership: Bank Routing Number: Partnership's FEIN: Bank Account Number:

Due on or Before: 04/30/2026 or the last day of the 4th 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 INCOME TAX DEPARTMENT
PO BOX 153
GRAND RAPIDS MI 49501-0153Taxpayer 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: 09/16/2021

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT
V DETACH HERE V**CF-1065PV-EFT****WALKER****2025 CRP PPV****PARTNERSHIP INCOME TAX RETURN PAYMENT VOUCHER**

Revised: 09/16/2021

Mail To: City of WALKER

PO BOX 153

GRAND RAPIDS MI 49501-0153

NACTP #	<input type="text"/>
EFIN #	<input type="text"/>

Name of partnership		Partnership's FEIN	Bank routing number	Type of account	Checking
			Bank account number	Savings	
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 authorizing the {City Name} to deduct from your bank account			Round to nearest dollar .00

CF-1065ES-EFT

WALKER
PARTNERSHIP ESTIMATED INCOME TAX PAYMENT VOUCHER
FIRST QUARTER

2025 EST P1Q

Name of Partnership: _____ Bank Routing Number: _____

Partnership's FEIN: _____ Bank Account Number: _____

Due on or Before: 04/30/2026 or the last day of the 4th month after the start of the fiscal year.

Payment: \$ _____ Type of Bank Account: Checking Savings

Elective Withdrawal Date: _____

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 hoilday, the due date is extended to the next business day.

Address for Payment: WALKER INCOME TAX DEPARTMENT
 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: 09/16/2021

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT
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CF-1065ES-EFT**WALKER****2025 EST P1Q****FIRST QUARTER PARTNERSHIP ESTIMATED INCOME TAX PAYMENT VOUCHER**

Revised: 09/16/2021

Mail To: City of WALKER

PO BOX 153

GRAND RAPIDS MI 49501-0153

NACTP #	_____
EFIN #	_____

PAYMENT VOUCHER 1 Due Date:

Name of partnership		Partnership's FEIN	Bank routing number	Type of account	Checking
					Savings
Address (Number and street)		Bank account number			
Address line 2 (P.O. Box address for mailing use only)		Elective withdrawal date			
City, town or post office		State	Zip code		
		Amount of estimated tax you are authorizing the {City Name} to deduct from your bank account			Round to nearest dollar
					.00

{SCAN LINE} (see Appendix N, Scan Line Specifications)

CF-1065ES-EFT

WALKER
PARTNERSHIP ESTIMATED INCOME TAX PAYMENT VOUCHER
SECOND QUARTER

2025 EST P2Q

Name of Partnership: Bank Routing Number:
 Partnership's FEIN: Bank Account Number:
 Due on or Before: 06/30/2026 or the last day of the sixth month after the start of the fiscal year.
 Payment: \$ Type of Bank Account: Checking Savings
 Elective Withdrawal Date:

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 hoilday, the due date is extended to the next business day.

Address for Payment: WALKER INCOME TAX DEPARTMENT
 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: 09/16/2021

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

CF-1065ES-EFT**WALKER****2025 EST P2Q****SECOND QUARTER PARTNERSHIP ESTIMATED INCOME TAX PAYMENT VOUCHER**

Revised: 09/16/2021

Mail To: City of WALKER

PO BOX 153

GRAND RAPIDS MI 49501-0153

NACTP #	<input type="text"/>
EFIN #	<input type="text"/>

PAYMENT VOUCHER 2 Due Date:

Name of partnership		Partnership's FEIN	Bank routing number	Type of account	Checking
					Savings
Address (Number and street)		Bank account number			
Address line 2 (P.O. Box address for mailing use only)		Elective withdrawal date			
City, town or post office		State	Zip code		
		Amount of estimated tax you are authorizing the {City Name} to deduct from your bank account			Round to nearest dollar
					.00

CF-1065ES-EFT

WALKER
PARTNERSHIP ESTIMATED INCOME TAX PAYMENT VOUCHER
THIRD QUARTER

2025 EST P3Q

Name of Partnership: Bank Routing Number:
 Partnership's FEIN: Bank Account Number:
 Due on or Before: 09/30/2026 or the last day of the 9th
 month after the start of the fiscal year.
 Payment: \$ Type of Bank Account: Checking Savings
 Elective Withdrawal Date:

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 hoilday, the due date is extended to the next business day.

Address for Payment: WALKER INCOME TAX DEPARTMENT
 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: 09/16/2021

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

CF-1065ES-EFT**WALKER****2025 EST P3Q****THIRD QUARTER PARTNERSHIP ESTIMATED INCOME TAX PAYMENT VOUCHER**

Revised: 09/16/2021

Mail To: City of WALKER

PO BOX 153

GRAND RAPIDS MI 49501-0153

NACTP #	<input type="text"/>
EFIN #	<input type="text"/>

PAYMENT VOUCHER 3 Due Date:

Name of partnership	Partnership's FEIN	Bank routing number	Type of account	Checking
				Savings
Address (Number and street)	Suite. no.	Bank account number		
		Elective withdrawal date		
Address line 2 (P.O. Box address for mailing use only)		Payment voucher 2D barcode		
City, town or post office	State	Zip code		
			Amount of estimated tax you are authorizing the {City Name} to deduct from your bank account	Round to nearest dollar
			.00	

CF-1065ES-EFT

WALKER
PARTNERSHIP ESTIMATED INCOME TAX PAYMENT VOUCHER
FOURTH QUARTER

2025 EST P4Q

Name of Partnership: Bank Routing Number:
 Partnership's FEIN: Bank Account Number:
 Due on or Before: 01/31/2027 or the last day of the 13th month after the start of the fiscal year.
 Payment: \$ Type of Bank Account: Checking Savings
 Elective Withdrawal Date:

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 hoilday, the due date is extended to the next business day.

Address for Payment: WALKER INCOME TAX DEPARTMENT
 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: 09/16/2021

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

CF-1065ES-EFT**WALKER****2025 EST P4Q**

FOURTH QUARTER PARTNERSHIP ESTIMATED INCOME TAX PAYMENT VOUCHER

Revised: 09/16/2021

Mail To: City of WALKER

PO BOX 153

GRAND RAPIDS MI 49501-0153

NACTP #	<input type="text"/>
EFIN #	<input type="text"/>

PAYMENT VOUCHER 4 Due Date:

Name of partnership		Partnership's FEIN	Bank routing number	Type of account	Checking
					Savings
Address (Number and street)		Suite. no.	Bank account number		
			Elective withdrawal date		
Address line 2 (P.O. Box address for mailing use only)		Payment voucher 2D barcode			
City, town or post office		State	Zip code		
				Amount of estimated tax you are authorizing the {City Name} to deduct from your bank account	Round to nearest dollar
				.00	