



DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT



40ES 2024 _____

VENDOR CODE

Alabama Department of Revenue ^①
Estimated Income Tax Payment Voucher



PRIMARY TAXPAYER'S
FIRST NAME _____
MAILING
ADDRESS _____

SPOUSE'S
FIRST NAME _____

LAST
NAME • _____

CITY _____

STATE _____

ZIP _____

DAYTIME
TELEPHONE NUMBER _____

CHECK IF FISCAL YEAR

Beginning Date: _____

Ending Date: • _____

Primary Taxpayer's SSN: • _____

Spouse's SSN: • _____

Amount Paid With Voucher: \$ • _____

MAIL TO: Alabama Department of Revenue, Individual Estimates,
P.O. Box 327485, Montgomery, AL 36132-7485

