



DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT



40ES 2024

Alabama Department of Revenue ³
Estimated Income Tax Payment Voucher

VENDOR CODE

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

