CITY OF GRAND RAPIDS
INCOME TAX DEPARTMENT

FORM GR-1120ES-EFT CORPORATION ESTIMATED INCOME TAX PAYMENT FORM - DIRECT DEBIT PAYMENT

A corporation must make estimated income tax payments for 2024 if it paid $251 or more with its 2023 Grand Rapids corporation income tax return unless 70 percent or more of its 2021 income tax is paid by a credit forward from the previous year or paid by a partnership on behalf of the corporation.

2024 estimated income tax payments may be made by an authorized direct debit withdrawal from the corporation's bank account. To pay the estimated income tax in this manner, use the form below or download Form GR-1120ES-EFT from the Grand Rapids website (www.grcity.us/income tax). Complete the form and mail it to the Income Tax Department, PO Box 109, Grand Rapids, MI 49501-0109.

To make an electronic direct debit payment, enter the corporation's federal employer identification number (FEIN), name and address. Also enter the bank account information (a, b and c below), and the quarterly payment information for the quarter(s) to be paid. If a fiscal year taxpayer, also mark (X) the box to the right of the corporation name, enter the start date of the fiscal or short tax year, and enter the due date of the estimated payment(s) to be paid. Complete the payment amount, the effective date for each payment and sign the form. You may provide information for payments to be withdrawn for one or more quarters. The payment date for each payment is the effective date entered. Generally, payments will be withdrawn within five business days of the effective date entered.

Revised 04/20/2016

FEIN of Corporation

Name of corporation

☐ Fiscal year corporations check box and enter fiscal year start date

__/__/__

Address

Address line 2

City | State | Zip code

a. Bank routing number:

b. Bank account number:

c. Bank account type:

☐ Checking ☐ Savings

d. Quarterly estimated payments	DUE DATE (Date format: MM/DD/YY)	PAYMENT AMOUNT (Round cents up to next dollar)	EFFECTIVE DATE FOR PAYMENT (Date cannot be later than due date)
☐ C/Y 1st quarter payment due 04/30/24 Fiscal year 1st quarter payment due	__/__/__	__,___.00	__/__/__
☐ C/Y 2nd quarter payment due 06/30/24 Fiscal year 2nd quarter payment due	__/__/__	__,___.00	__/__/__
☐ C/Y 3rd quarter payment due 09/30/24 Fiscal year 3rd quarter payment due	__/__/__	__,___.00	__/__/__
☐ C/Y 4th quarter payment due 01/31/25 Fiscal year 4th quarter payment due	__/__/__	__,___.00	__/__/__
			(Date format: MM/DD/YY)

Signature of authorized individual

Print name of authorized individual

Date | Contact phone number

Mail to: Grand Rapids Income Tax Department
PO Box 109
Grand Rapids, MI 49501-0109