

Please print your numbers like this. Use blue or black ink.

1 2 3 4 5 6 7 8 9 0

Industrial Facility Tax (IFT) Voucher

Do not make changes on this form.

Local Unit/City Township	Payment to be applied to Tax Year ____/____/____/____
County	
Treasurer's Signature	Date
Title	Phone

IFT (856)	01									
Obsolete Properties	02									
NEZ	03									
	97							RESERVED		
	97							RESERVED		
Total Payment										

Mail to: Michigan Department of Treasury, P.O. BOX 30728 LANSING MI 48909-8228
Make checks payable to: State of Michigan.

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