

Record of Estimated Tax Payments (Farmers, fishermen, and fiscal year taxpayers, see *Payment Due Dates*.)

Keep for Your Records



| Payment number | Payment due date | (a) Amount due | | (b) Date paid | (c) Check or money order number, or credit or debit card confirmation number | (d) Amount paid (do not include any convenience fee)* | | (e) 2016 overpayment credit applied | | (f) Total amount paid and credited (add (d) and (e)) |
|------------------|------------------|----------------|--|---------------|--|---|--|-------------------------------------|--|--|
| 1 | 4/18/2017 | | | | | | | | | |
| 2 | 6/15/2017 | | | | | | | | | |
| 3 | 9/15/2017 | | | | | | | | | |
| 4 | 1/16/2018** | | | | | | | | | |
| Total. ▶ | | | | | | | | | | |

* You can deduct the convenience fee charged by the service provider in 2017 as a miscellaneous itemized deduction (subject to the 2%-of-AGI limit) on your 2017 income tax return.

** You do not have to make this payment if you file your 2017 tax return by January 31, 2018, and pay the entire balance due with your return.

Privacy Act and Paperwork Reduction Act Notice. We ask for this information to carry out the tax laws of the United States. We need it to figure and collect the right amount of tax. Our legal right to ask for this information is Internal Revenue Code section 6654, which requires that you pay your taxes in a specified manner to avoid being penalized. Additionally, sections 6001, 6011, and 6012(a) and their regulations require you to file a return or statement for any tax for which you are liable; section 6109 requires you to provide your identifying number. Failure to provide this information, or providing false or fraudulent information, may subject you to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as stated in Code section 6103.

We may disclose the information to the Department of Justice for civil and criminal litigation and to other federal agencies, as provided by law.

We may disclose it to cities, states, the District of Columbia, and U.S. commonwealths or possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

If you do not file a return, do not give the information asked for, or give fraudulent information, you may be charged penalties and be subject to criminal prosecution.

Please keep this notice with your records. It may help you if we ask you for other information. If you have any questions about the rules for filing and giving information, please call or visit any Internal Revenue Service office.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return.

If you have suggestions for making this package simpler, we would be happy to hear from you. See the instructions for your income tax return.

Tear off here

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2017 Estimated Tax

Payment **4**
Voucher

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2017 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year — Due Jan. 16, 2018

| | | |
|--|---------|-------|
| Amount of estimated tax you are paying | | |
| by check or money order. | Dollars | Cents |
| | | |

| | | | |
|---------------|--|-------------------------|---------------------------------|
| Print or type | Your first name and initial | Your last name | Your social security number |
| | If joint payment, complete for spouse | | |
| | Spouse's first name and initial | Spouse's last name | Spouse's social security number |
| | Address (number, street, and apt. no.) | | |
| | City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) | | |
| | Foreign country name | Foreign province/county | Foreign postal code |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 1040-ES (2017)