MAIL FORM 1-ES PAYMENTS TO:

WISCONSIN DEPARTMENT OF REVENUE P.O. BOX 3028 MILWAUKEE, WI 53201-3028

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WISCONSIN ESTIMATED INCOME TAX VOUCHER

Form

File only if submitting payment. Make your check payable to and mail your voucher to: Wisconsin Department of Revenue

PO Box 3028

1-ES

Milwaukee WI 53201-3028

Your legal last name	Your legal first name and initial	Your social security number
Spouse's legal last name	Spouse's legal first name and initial	Spouse's social security number
Home address (number and street or rural route)		Telephone number
City or post office	State	Zip code

	1			
Calendar year due dates:	Fiscal year filers:			
Apr 18, 2022 Sep 15, 2022	Enter year			
Jun 15, 2022 Jan 17, 2023	ending	(month and year)		
Check box if address is corrected and new address was not provided on a prior payment voucher.				
Check the box below which appl	ies to you	I.		
Trust (Enter FEIN as "your social security number")				
Estate (Enter decedent's social security number)				
□Individual				
Joint				
Amount of Payme	nt			
\$.00		

Please do not staple your payment to this voucher.