

H-501
DO NOT WRITE
IN THIS SPACE

EMPLOYER'S MONTHLY DEPOSIT
HAMTRAMCK INCOME TAX WITHHELD

| | | | |
|-----------------------|--------------------|---|-------|
| 1 | IDENTIFICATION NO. | 2 | MONTH |
| 3 DUE ON OR BEFORE | | | |
| NAME AND ADDRESS | | | |

PAY TO:
TREASURER, CITY OF HAMTRAMCK
MAIL TO:
CITY OF HAMTRAMCK
INCOME TAX DEPARTMENT
3401 EVALINE
HAMTRAMCK, MI 48212
Monthly filing not required unless Hamtramck
withholding tax exceeds \$100.00

| | |
|--------------------|----|
| 4 Amount Deposited | \$ |
|--------------------|----|

IMPORTANT: If deposit is for a period other than
Box 2 enter the correct period

HERE →

| | |
|-------|------|
| MONTH | YEAR |
|-------|------|

SIGNATURE TITLE DATE

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TREASURER CITY OF HAMTRAMCK
INCOME TAX
3401 EVALINE
HAMTRAMCK, MICHIGAN 48212

HAMTRAMCK INCOME
TAX WITHHELD
H941/501

INCOME TAX

| | |
|------------------------------------|----------|
| AMOUNT WITHHELD | |
| 1 1ST. MONTH THIS QTR. | |
| AMOUNT WITHHELD | |
| 2 2ND MONTH THIS QTR. | |
| AMOUNT WITHHELD | |
| 3 3RD. MONTH THIS QTR. | |
| TOTAL TAX WITHHELD | * |
| 4 THIS QUARTER | |
| 5 ADJUSTMENT | * |
| ADJUSTED TAX | |
| 6 WITHHELD | |
| LESS MONTHLY PAYMENTS THIS QUARTER | |
| AMOUNT DUE | * |

| | | |
|--------|--------|--------------------|
| PERIOD | DUE ON | IDENTIFICATION NO. |
|--------|--------|--------------------|

IF FINAL RETURN CHECK HERE AND
COMPLETE QUESTIONS ON THE REVERSE SIDE.

SIGNATURE TITLE DATE

1 Last pay period on which Hamtramck Taxes were withheld _____

2 Check reason for "Final Return" and answer applicable questions

- Business permanently discontinued
- Business temporarily discontinued

Operations will be resumed on (Date) _____

- Still operating - Ceased paying wages
Wages will be paid starting (Date) _____
- Business sold to _____

Name _____
Street _____
City _____

3 Your current address

Street _____
City _____
Other _____

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