

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 _____

Moved out of Hamtramck

3. Your current address:

Street _____

City _____

Other: _____

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Street _____

City _____

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Street _____

City _____

Other: _____

SUMMARY

LIST PAYMENTS MADE WITH H941/501 EMPLOYERS RETURNS.

JANUARY	
FEBRUARY	
MARCH	
QUARTER ENDED MARCH 31	\$
APRIL	
MAY	
JUNE	
QUARTER ENDED JUNE 30	\$
JULY	
AUGUST	
SEPTEMBER	
QUARTER ENDED SEPT. 30	\$
OCTOBER	
NOVEMBER	
DECEMBER	
QUARTER ENDED DEC. 31	\$
TOTAL PAID \$	

HAMTRAMCK INCOME TAX WITHHELD

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

H941-501

MAKE CHECK & MAIL TO

CITY OF HAMTRAMCK
Withholding Payment
P.O. BOX 209
EATON RAPIDS, MI 48827-0209

VALIDATION AREA BELOW

1

SIGNATURE

TITLE

DATE

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

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 ★	
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7 ★	

MAIL IN SUPPLIED ENVELOPE

HAMTRAMCK INCOME TAX WITHHELD

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

H941-501

MAKE CHECK & MAIL TO

CITY OF HAMTRAMCK
Withholding Payment
P.O. BOX 209
EATON RAPIDS, MI 48827-0209

VALIDATION AREA BELOW

2

SIGNATURE

TITLE

DATE

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

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 ★	
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7 ★	

MAIL IN SUPPLIED ENVELOPE

HAMTRAMCK INCOME TAX WITHHELD

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

H941-501

MAKE CHECK & MAIL TO

CITY OF HAMTRAMCK
Withholding Payment
P.O. BOX 209
EATON RAPIDS, MI 48827-0209

VALIDATION AREA BELOW

3

SIGNATURE

TITLE

DATE

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

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 ★	
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7 ★	

MAIL IN SUPPLIED ENVELOPE

HAMTRAMCK INCOME TAX WITHHELD

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

H941-501

MAKE CHECK & MAIL TO

CITY OF HAMTRAMCK
Withholding Payment
P.O. BOX 209
EATON RAPIDS, MI 48827-0209

VALIDATION AREA BELOW

4

SIGNATURE

TITLE

DATE

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

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 ★	
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7 ★	

MAIL IN SUPPLIED ENVELOPE

CITY OF HAMTRAMCK-ANNUAL RECONCILIATION • INCOME TAX WITHHELD

HW-3

DUE ON OR BEFORE	IDENTIFICATION NO.
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RETURN WITH FORMS
W-2 TO
**CITY OF HAMTRAMCK
WITHHOLDING PAYMENT**
P.O. BOX 209
EATON RAPIDS, MI 48827-0209

NUMBER OF W-2'S SUBMITTED	
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TAX WITHHELD AS SHOWN ON ATTACHED W2'S 1	
TAX PAID TOTALS FROM REVERSE SIDE 2	
BALANCE DUE PAY IN FULL THIS RETURN 3	
OVERPAYMENT ATTACH EXPLANATION 4	

SIGNATURE

TITLE

DATE

MAIL IN SUPPLIED ENVELOPE