

**HAMTRAMCK INCOME TAX WITHHELD**

IF FINAL RETURN, CHECK HERE AND COMPLETE QUESTIONS ON THE REVERSE SIDE H941-501

MAKE CHECK & MAIL TO

**1**

SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PERIOD	DUE ON	IDENTIFICATION NO.
1-1-19 to 3-31-19	4-30-19	

AMOUNT WITHHELD 1	1ST MONTH THIS QTR	
AMOUNT WITHHELD 2	2ND MONTH THIS QTR	
AMOUNT WITHHELD 3	3RD MONTH THIS QTR	
TOTAL TAX WITHHELD THIS QUARTER	★	
ADJUSTMENT	5	
ADJUSTED TAX WITHHELD	6	
AMOUNT DUE	7	★

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

VALIDATION AREA BELOW

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

**2**

SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PERIOD	DUE ON	IDENTIFICATION NO.
4-1-19 to 6-30-19	7-31-19	

AMOUNT WITHHELD 1	1ST MONTH THIS QTR	
AMOUNT WITHHELD 2	2ND MONTH THIS QTR	
AMOUNT WITHHELD 3	3RD MONTH THIS QTR	
TOTAL TAX WITHHELD THIS QUARTER	★	
ADJUSTMENT	5	
ADJUSTED TAX WITHHELD	6	
AMOUNT DUE	7	★

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

VALIDATION AREA BELOW

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

**3**

SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PERIOD	DUE ON	IDENTIFICATION NO.
7-1-19 to 9-30-19	10-31-19	

AMOUNT WITHHELD 1	1ST MONTH THIS QTR	
AMOUNT WITHHELD 2	2ND MONTH THIS QTR	
AMOUNT WITHHELD 3	3RD MONTH THIS QTR	
TOTAL TAX WITHHELD THIS QUARTER	★	
ADJUSTMENT	5	
ADJUSTED TAX WITHHELD	6	
AMOUNT DUE	7	★

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

VALIDATION AREA BELOW

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

**4**

SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PERIOD	DUE ON	IDENTIFICATION NO.
10-1-19 to 12-31-19	1-31-20	

AMOUNT WITHHELD 1	1ST MONTH THIS QTR	
AMOUNT WITHHELD 2	2ND MONTH THIS QTR	
AMOUNT WITHHELD 3	3RD MONTH THIS QTR	
TOTAL TAX WITHHELD THIS QUARTER	★	
ADJUSTMENT	5	
ADJUSTED TAX WITHHELD	6	
AMOUNT DUE	7	★

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

VALIDATION AREA BELOW

MAIL IN SUPPLIED ENVELOPE

**CITY OF HAMTRAMCK-ANNUAL RECONCILIATION • INCOME TAX WITHHELD**

**HW-3**

DUE ON OR BEFORE	IDENTIFICATION NO.
------------------	--------------------

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	
---------------------------	--

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 \_\_\_\_\_ PHONE # \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

MAIL IN SUPPLIED ENVELOPE

## SUMMARY

LIST PAYMENTS MADE WITH H941/501  
EMPLOYERS RETURNS.

<p>1. Last pay period on which Hamtramck taxes were withheld _____</p> <p>2. Check reason for "Final Return" and answer applicable questions:  <input type="checkbox"/> Business permanently discontinued  <input type="checkbox"/> Business temporarily discontinued                  Operations will be resumed on (Date) _____</p> <p><input type="checkbox"/> Still operating - Ceased paying wages.                  Wages will be paid starting (Date) _____</p> <p><input type="checkbox"/> Business sold to: _____                  Name _____                  Street _____                  City _____</p> <p><input type="checkbox"/> Moved out of Hamtramck</p> <p>3. Your current address:                  Street _____                  City _____                  Other: _____</p>	<p>1. Last pay period on which Hamtramck taxes were withheld _____</p> <p>2. Check reason for "Final Return" and answer applicable questions:  <input type="checkbox"/> Business permanently discontinued  <input type="checkbox"/> Business temporarily discontinued                  Operations will be resumed on (Date) _____</p> <p><input type="checkbox"/> Still operating - Ceased paying wages.                  Wages will be paid starting (Date) _____</p> <p><input type="checkbox"/> Business sold to: _____                  Name _____                  Street _____                  City _____</p> <p><input type="checkbox"/> Moved out of Hamtramck</p> <p>3. Your current address:                  Street _____                  City _____                  Other: _____</p>	<p>1. Last pay period on which Hamtramck taxes were withheld _____</p> <p>2. Check reason for "Final Return" and answer applicable questions:  <input type="checkbox"/> Business permanently discontinued  <input type="checkbox"/> Business temporarily discontinued                  Operations will be resumed on (Date) _____</p> <p><input type="checkbox"/> Still operating - Ceased paying wages.                  Wages will be paid starting (Date) _____</p> <p><input type="checkbox"/> Business sold to: _____                  Name _____                  Street _____                  City _____</p> <p><input type="checkbox"/> Moved out of Hamtramck</p> <p>3. Your current address:                  Street _____                  City _____                  Other: _____</p>	<p>1. Last pay period on which Hamtramck taxes were withheld _____</p> <p>2. Check reason for "Final Return" and answer applicable questions:  <input type="checkbox"/> Business permanently discontinued  <input type="checkbox"/> Business temporarily discontinued                  Operations will be resumed on (Date) _____</p> <p><input type="checkbox"/> Still operating - Ceased paying wages.                  Wages will be paid starting (Date) _____</p> <p><input type="checkbox"/> Business sold to: _____                  Name _____                  Street _____                  City _____</p> <p><input type="checkbox"/> Moved out of Hamtramck</p> <p>3. Your current address:                  Street _____                  City _____                  Other: _____</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 \$** \_\_\_\_\_