

**H - 941 City of Hamtramck - Income Tax Division**  
**Employer's Return of Income Tax Withheld**

**1 M 2019**

If this is your first return, enter date this business was started \_\_\_\_\_

If this is final return, or employer status has changed, see back of form for required information to be submitted.  
**I certify the tax withheld as shown on this return is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_

Make remittance payable to:  
Treasurer, City of Hamtramck  
  
Mail to:  
City of Hamtramck Withholding Payments  
P.O. Box 209  
Eaton Rapids, MI 48827-0530

Tax withheld \_\_\_\_\_  
Adjustments \_\_\_\_\_  
Net tax withheld \_\_\_\_\_  
**Late payment penalty - 1 %**  
per month (\$2.00 minimum) \_\_\_\_\_  
**Interest due**  
(contact city for daily rates) \_\_\_\_\_

**TOTAL DUE**  
**PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # \_\_\_\_\_

**TAX YEAR 2019**  
**PAYROLL PERIOD JANUARY 1M**  
**DUE DATE February 28, 2019**

DO NOT WRITE BELOW THIS LINE

**H - 941 City of Hamtramck - Income Tax Division**  
**Employer's Return of Income Tax Withheld**

**2 M 2019**

If this is your first return, enter date this business was started \_\_\_\_\_

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**I certify the tax withheld as shown on this return is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_

Make remittance payable to:  
Treasurer, City of Hamtramck  
  
Mail to:  
City of Hamtramck Withholding Payments  
P.O. Box 209  
Eaton Rapids, MI 48827-0530

Tax withheld \_\_\_\_\_  
Adjustments \_\_\_\_\_  
Net tax withheld \_\_\_\_\_  
**Late payment penalty - 1 %**  
per month (\$2.00 minimum) \_\_\_\_\_  
**Interest due**  
(contact city for daily rates) \_\_\_\_\_

**TOTAL DUE**  
**PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # \_\_\_\_\_

**TAX YEAR 2019**  
**PAYROLL PERIOD FEBRUARY 2M**  
**DUE DATE March 31, 2019**

DO NOT WRITE BELOW THIS LINE

**H - 941 City of Hamtramck - Income Tax Division**  
**Employer's Return of Income Tax Withheld**

**3 M 2019**

If this is your first return, enter date this business was started \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_

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Mail to:  
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P.O. Box 209  
Eaton Rapids, MI 48827-0530

Tax withheld \_\_\_\_\_  
Adjustments \_\_\_\_\_  
Net tax withheld \_\_\_\_\_  
**Late payment penalty - 1 %**  
per month (\$2.00 minimum) \_\_\_\_\_  
**Interest due**  
(contact city for daily rates) \_\_\_\_\_

**TOTAL DUE**  
**PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # \_\_\_\_\_

**TAX YEAR 2019**  
**PAYROLL PERIOD MARCH 3M**  
**DUE DATE April 30, 2019**

DO NOT WRITE BELOW THIS LINE

**H - 941 City of Hamtramck - Income Tax Division**  
**Employer's Return of Income Tax Withheld**

**4 M 2019**

If this is your first return, enter date this business was started \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_

Make remittance payable to:  
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Mail to:  
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P.O. Box 209  
Eaton Rapids, MI 48827-0530

Tax withheld \_\_\_\_\_  
Adjustments \_\_\_\_\_  
Net tax withheld \_\_\_\_\_  
**Late payment penalty - 1 %**  
per month (\$2.00 minimum) \_\_\_\_\_  
**Interest due**  
(contact city for daily rates) \_\_\_\_\_

**TOTAL DUE**  
**PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # \_\_\_\_\_

**TAX YEAR 2019**  
**PAYROLL PERIOD APRIL 4M**  
**DUE DATE May 31, 2019**

DO NOT WRITE BELOW THIS LINE

**H - 941 City of Hamtramck - Income Tax Division**  
**Employer's Return of Income Tax Withheld**

**5 M 2019**

If this is your first return, enter date this business was started \_\_\_\_\_

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**I certify the tax withheld as shown on this return is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_

Make remittance payable to:  
Treasurer, City of Hamtramck  
  
Mail to:  
City of Hamtramck Withholding Payments  
P.O. Box 209  
Eaton Rapids, MI 48827-0530

Tax withheld \_\_\_\_\_  
Adjustments \_\_\_\_\_  
Net tax withheld \_\_\_\_\_  
**Late payment penalty - 1 %**  
per month (\$2.00 minimum) \_\_\_\_\_  
**Interest due**  
(contact city for daily rates) \_\_\_\_\_

**TOTAL DUE**  
**PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # \_\_\_\_\_

**TAX YEAR 2019**  
**PAYROLL PERIOD MAY 5M**  
**DUE DATE June 30, 2019**

DO NOT WRITE BELOW THIS LINE

**H - 941 City of Hamtramck - Income Tax Division**  
**Employer's Return of Income Tax Withheld**

**6 M 2019**

If this is your first return, enter date this business was started \_\_\_\_\_

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**I certify the tax withheld as shown on this return is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_

Make remittance payable to:  
Treasurer, City of Hamtramck  
  
Mail to:  
City of Hamtramck Withholding Payments  
P.O. Box 209  
Eaton Rapids, MI 48827-0530

Tax withheld \_\_\_\_\_  
Adjustments \_\_\_\_\_  
Net tax withheld \_\_\_\_\_  
**Late payment penalty - 1 %**  
per month (\$2.00 minimum) \_\_\_\_\_  
**Interest due**  
(contact city for daily rates) \_\_\_\_\_

**TOTAL DUE**  
**PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # \_\_\_\_\_

**TAX YEAR 2019**  
**PAYROLL PERIOD JUNE 6M**  
**DUE DATE July 31, 2019**

DO NOT WRITE BELOW THIS LINE

**H - 941 City of Hamtramck - Income Tax Divison**  
**Employer's Return of Income Tax Withheld**

**7 M 2019**

If this is your first return, enter date this business was started \_\_\_\_\_

If this is final return, or employer status has changed, see back of form for required information to be submitted.  
**I certify the tax withheld as shown on this return is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_

Make remittance payable to:  
Treasurer, City of Hamtramck  
  
Mail to:  
City of Hamtramck Withholding Payments  
P.O. Box 209  
Eaton Rapids, MI 48827-0530

Tax withheld \_\_\_\_\_  
Adjustments \_\_\_\_\_  
Net tax withheld \_\_\_\_\_  
**Late payment penalty - 1%**  
per month (\$2.00 minimum) \_\_\_\_\_  
**Interest due**  
(contact city for daily rates) \_\_\_\_\_

**TOTAL DUE**  
**PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # \_\_\_\_\_

**TAX YEAR 2019**  
**PAYROLL PERIOD JULY 7M**  
**DUE DATE August 31, 2019**

DO NOT WRITE BELOW THIS LINE

**H - 941 City of Hamtramck - Income Tax Divison**  
**Employer's Return of Income Tax Withheld**

**8 M 2019**

If this is your first return, enter date this business was started \_\_\_\_\_

If this is final return, or employer status has changed, see back of form for required information to be submitted.  
**I certify the tax withheld as shown on this return is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_

Make remittance payable to:  
Treasurer, City of Hamtramck  
  
Mail to:  
City of Hamtramck Withholding Payments  
P.O. Box 209  
Eaton Rapids, MI 48827-0530

Tax withheld \_\_\_\_\_  
Adjustments \_\_\_\_\_  
Net tax withheld \_\_\_\_\_  
**Late payment penalty - 1%**  
per month (\$2.00 minimum) \_\_\_\_\_  
**Interest due**  
(contact city for daily rates) \_\_\_\_\_

**TOTAL DUE**  
**PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # \_\_\_\_\_

**TAX YEAR 2019**  
**PAYROLL PERIOD AUGUST 8M**  
**DUE DATE September 30, 2019**

DO NOT WRITE BELOW THIS LINE

**H - 941 City of Hamtramck - Income Tax Divison**  
**Employer's Return of Income Tax Withheld**

**9 M 2019**

If this is your first return, enter date this business was started \_\_\_\_\_

If this is final return, or employer status has changed, see back of form for required information to be submitted.  
**I certify the tax withheld as shown on this return is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_

Make remittance payable to:  
Treasurer, City of Hamtramck  
  
Mail to:  
City of Hamtramck Withholding Payments  
P.O. Box 209  
Eaton Rapids, MI 48827-0530

Tax withheld \_\_\_\_\_  
Adjustments \_\_\_\_\_  
Net tax withheld \_\_\_\_\_  
**Late payment penalty - 1%**  
per month (\$2.00 minimum) \_\_\_\_\_  
**Interest due**  
(contact city for daily rates) \_\_\_\_\_

**TOTAL DUE**  
**PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # \_\_\_\_\_

**TAX YEAR 2019**  
**PAYROLL PERIOD SEPTEMBER 9M**  
**DUE DATE October 31, 2019**

DO NOT WRITE BELOW THIS LINE

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 \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

☐ Moved out of Hamtramck

3. Your current address

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

4. ☐ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

☐ Moved out of Hamtramck

3. Your current address

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

4. ☐ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

☐ Moved out of Hamtramck

3. Your current address

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

4. ☐ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H - 941 City of Hamtramck - Income Tax Divison  
Employer's Return of Income Tax Withheld

10 M 2019

If this is your first return, enter date this business was started \_\_\_\_\_

If this is final return, or employer status has changed, see back of form for required information to be submitted.  
I certify the tax withheld as shown on this return is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_

Make remittance payable to:  
Treasurer, City of Hamtramck  
  
Mail to:  
City of Hamtramck Withholding Payments  
P.O. Box 209  
Eaton Rapids, MI 48827-0530

Tax withheld	_____
Adjustments	_____
Net tax withheld	_____
Late payment penalty - 1 % per month (\$2.00 minimum)	_____
Interest due (contact city for daily rates)	_____
TOTAL DUE PAY THIS AMOUNT	<div></div>

FEDERAL EMPLOYER ID # \_\_\_\_\_  
  
TAX YEAR 2019  
PAYROLL PERIOD OCTOBER 10M  
DUE DATE November 30, 2019

DO NOT WRITE BELOW THIS LINE

H - 941 City of Hamtramck - Income Tax Divison  
Employer's Return of Income Tax Withheld

11 M 2019

If this is your first return, enter date this business was started \_\_\_\_\_

If this is final return, or employer status has changed, see back of form for required information to be submitted.  
I certify the tax withheld as shown on this return is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_

Make remittance payable to:  
Treasurer, City of Hamtramck  
  
Mail to:  
City of Hamtramck Withholding Payments  
P.O. Box 209  
Eaton Rapids, MI 48827-0530

Tax withheld	_____
Adjustments	_____
Net tax withheld	_____
Late payment penalty - 1 % per month (\$2.00 minimum)	_____
Interest due (contact city for daily rates)	_____
TOTAL DUE PAY THIS AMOUNT	<div></div>

FEDERAL EMPLOYER ID # \_\_\_\_\_  
  
TAX YEAR 2019  
PAYROLL PERIOD NOVEMBER 11M  
DUE DATE December 31, 2019

DO NOT WRITE BELOW THIS LINE

H - 941 City of Hamtramck - Income Tax Divison  
Employer's Return of Income Tax Withheld

12 M 2019

If this is your first return, enter date this business was started \_\_\_\_\_

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I certify the tax withheld as shown on this return is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_

Make remittance payable to:  
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Mail to:  
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P.O. Box 209  
Eaton Rapids, MI 48827-0530

Tax withheld	_____
Adjustments	_____
Net tax withheld	_____
Late payment penalty - 1 % per month (\$2.00 minimum)	_____
Interest due (contact city for daily rates)	_____
TOTAL DUE PAY THIS AMOUNT	<div></div>

FEDERAL EMPLOYER ID # \_\_\_\_\_  
  
TAX YEAR 2019  
PAYROLL PERIOD DECEMBER 12M  
DUE DATE January 31, 2020

DO NOT WRITE BELOW THIS LINE

2019  
HW-3

IMPORTANT  
INFORMATION

GROSS PAYROLL  
USED TO CALCULATE  
PAYROLL TAX  
  
\$ \_\_\_\_\_

CITY OF HAMTRAMCK-INCOME TAX DIVISION  
RECONCILIATION OF HAMTRAMCK INCOME TAX WITHHELD

Copies of HW-2s must accompany this document.

1. TOTAL HAMTRAMCK TAX WITHHELD DURING YEAR AS SHOWN ON FORMS H W-2 OR W-2 ENCLOSED	\$	_____	(A)
2. TOTAL NUMBER OF WITHHOLDING TAX STATEMENTS (FORMS HW-2 OR W-2) TRANSMITTED HEREWITH	➔	_____	
3. TOTAL HAMTRAMCK TAX WITHHELD AS SHOWN ON FORMS H-941 (use otherside if forms H-941 were filed monthly)	➔	_____	
THE NAME ADDRESS AND INDENTIFICATION NUMBER ON THIS FORM MUST BE THE SAME AS USED ON FORMS H-941 AND HW-2 OR W-2. IF NOT CORRECT, PLEASE CORRECT  NAME AND ADDRESS	QUARTER ENDED MARCH 31	\$	_____
	QUARTER ENDED JUNE 40		_____
	QUARTER ENDED SEPETMBER 30		_____
	QUARTER ENDED DECEMBER 31		_____
	TOTAL PAYMENT TO HAMTRAMCK	\$	_____
	DIFFERENCE	\$	_____
EMPLOYER IDENTIFICATION NO.			(B) (A-B)

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE # \_\_\_\_\_

2019  
HW-3

DUE ON  
OR  
BEFORE  
2/28/2020

SUMMARY

LIST PAYMENTS MADE WITH P941

EMPLOYER'S RETURNS

JANUARY	
FEBRUARY	
MARCH	
1ST QUARTER TOTAL \$	
APRIL	
MAY	
JUNE	
2ND QUARTER TOTAL \$	
JULY	
AUGUST	
SEPTEMBER	
3RD QUARTER TOTAL \$	
OCTOBER	
NOVEMBER	
DECEMBER	
4TH QUARTER TOTAL \$	
YEARLY TOTAL \$	

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 \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_

☐ Moved out of Hamtramck

3. Your current address  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_

4. ☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Last pay period on which Hamtramck Taxes were withheld \_\_\_\_\_

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

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Wages will be paid starting (Date) \_\_\_\_\_

☐ Business sold to  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_

☐ Moved out of Hamtramck

3. Your current address  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_

4. ☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Last pay period on which Hamtramck Taxes were withheld \_\_\_\_\_

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

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Wages will be paid starting (Date) \_\_\_\_\_

☐ Business sold to  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_

☐ Moved out of Hamtramck

3. Your current address  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_

4. ☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_