

**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

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PERIOD 1-1-21 to 3-31-21	DUE ON 4-30-21	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 THIS QUARTER	★
ADJUSTMENT	5
ADJUSTED TAX WITHHELD	6
AMOUNT DUE	★

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P.O. BOX 209  
EATON RAPIDS, MI 48827-0209

VALIDATION AREA BELOW

**2**

\_\_\_\_\_  
SIGNATURE

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PERIOD 4-1-21 to 6-30-21	DUE ON 7-31-21	IDENTIFICATION NO.
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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	★

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H941-501

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

VALIDATION AREA BELOW

**3**

\_\_\_\_\_  
SIGNATURE

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PERIOD 7-1-21 to 9-30-21	DUE ON 10-31-21	IDENTIFICATION NO.
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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	★

**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

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PERIOD 10-1-21 to 12-31-21	DUE ON 1-31-22	IDENTIFICATION NO.
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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	★

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

**HW-3**

DUE ON OR BEFORE 2-28-22	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
<b>BALANCE DUE PAY IN FULL THIS RETURN</b>	3
OVERPAYMENT ATTACH EXPLANATION	4

\_\_\_\_\_  
SIGNATURE

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

MAIL IN SUPPLIED ENVELOPE

MAIL IN SUPPLIED ENVELOPE

MAIL IN SUPPLIED ENVELOPE

MAIL IN SUPPLIED ENVELOPE

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:</p> <p><input type="checkbox"/> Business permanently discontinued</p> <p><input type="checkbox"/> Business temporarily discontinued</p> <p>Operations will be resumed on (Date) _____</p> <p><input type="checkbox"/> Still operating - Ceased paying wages.</p> <p>Wages will be paid starting (Date) _____</p> <p><input type="checkbox"/> Business sold to: _____</p> <p>Name _____</p> <p>Street _____</p> <p>City _____</p> <p><input type="checkbox"/> Moved out of Hamtramck</p> <p>3. Your current address:</p> <p>Street _____</p> <p>City _____</p> <p>4. 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:</p> <p><input type="checkbox"/> Business permanently discontinued</p> <p><input type="checkbox"/> Business temporarily discontinued</p> <p>Operations will be resumed on (Date) _____</p> <p><input type="checkbox"/> Still operating - Ceased paying wages.</p> <p>Wages will be paid starting (Date) _____</p> <p><input type="checkbox"/> Business sold to: _____</p> <p>Name _____</p> <p>Street _____</p> <p>City _____</p> <p><input type="checkbox"/> Moved out of Hamtramck</p> <p>3. Your current address:</p> <p>Street _____</p> <p>City _____</p> <p>4. 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:</p> <p><input type="checkbox"/> Business permanently discontinued</p> <p><input type="checkbox"/> Business temporarily discontinued</p> <p>Operations will be resumed on (Date) _____</p> <p><input type="checkbox"/> Still operating - Ceased paying wages.</p> <p>Wages will be paid starting (Date) _____</p> <p><input type="checkbox"/> Business sold to: _____</p> <p>Name _____</p> <p>Street _____</p> <p>City _____</p> <p><input type="checkbox"/> Moved out of Hamtramck</p> <p>3. Your current address:</p> <p>Street _____</p> <p>City _____</p> <p>4. 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:</p> <p><input type="checkbox"/> Business permanently discontinued</p> <p><input type="checkbox"/> Business temporarily discontinued</p> <p>Operations will be resumed on (Date) _____</p> <p><input type="checkbox"/> Still operating - Ceased paying wages.</p> <p>Wages will be paid starting (Date) _____</p> <p><input type="checkbox"/> Business sold to: _____</p> <p>Name _____</p> <p>Street _____</p> <p>City _____</p> <p><input type="checkbox"/> Moved out of Hamtramck</p> <p>3. Your current address:</p> <p>Street _____</p> <p>City _____</p> <p>4. Other: _____</p>
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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 \$ \_\_\_\_\_**