

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

**1 M 2021**

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** 2021  
**PAYROLL PERIOD** JANUARY 1M  
**DUE DATE** February 28, 2021

DO NOT WRITE BELOW THIS LINE

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

**2 M 2021**

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** 2021  
**PAYROLL PERIOD** FEBRUARY 2M  
**DUE DATE** March 31, 2021

DO NOT WRITE BELOW THIS LINE

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

**3 M 2021**

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** 2021  
**PAYROLL PERIOD** MARCH 3M  
**DUE DATE** April 30, 2021

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 Division**  
**Employer's Return of Income Tax Withheld**

**4 M 2021**

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 2021**  
**PAYROLL PERIOD APRIL 4M**  
**DUE DATE May 31, 2021**

DO NOT WRITE BELOW THIS LINE

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

**5 M 2021**

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 2021**  
**PAYROLL PERIOD MAY 5M**  
**DUE DATE June 30, 2021**

DO NOT WRITE BELOW THIS LINE

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

**6 M 2021**

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 2021**  
**PAYROLL PERIOD JUNE 6M**  
**DUE DATE July 31, 2021**

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**

**7 M 2021**

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 2021**  
**PAYROLL PERIOD JULY 7M**  
**DUE DATE August 31, 2021**

DO NOT WRITE BELOW THIS LINE

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

**8 M 2021**

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 2021**  
**PAYROLL PERIOD AUGUST 8M**  
**DUE DATE September 30, 2021**

DO NOT WRITE BELOW THIS LINE

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

**9 M 2021**

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 2021**  
**PAYROLL PERIOD SEPTEMBER 9M**  
**DUE DATE October 31, 2021**

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 \_\_\_\_\_

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☐ 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**10 M 2021**

Adjustments \_\_\_\_\_

**Late payment penalty - 1%**  
per month (\$2.00 minimum)

Phone # \_\_\_\_\_

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

DO NOT WRITE BELOW THIS LINE

## 11 M 2021

Adjustments \_\_\_\_\_

**Late payment penalty - 1%**  
per month (\$2.00 minimum)

Phone # \_\_\_\_\_

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

DO NOT WRITE BELOW THIS LINE

**12 M 2021**

Adjustments \_\_\_\_\_

**Late payment penalty - 1%**  
per month (\$2.00 minimum)

Phone # \_\_\_\_\_

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

DO NOT WRITE BELOW THIS LINE

Copies of HW-2s must accompany this document.

(A)

DUE ON  
OR  
BEFORE  
2/28/2022

(B)  
(A-B)

\$

PHONE #

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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☐ Business temporarily discontinued

Operations will be resumed on (Date) \_\_\_\_\_

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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 \_\_\_\_\_

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☐ 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_