

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

2024

1

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

PERIOD 1-1-24 to 3-31-24	DUE ON 4-30-24	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 4 THIS QUARTER ★	
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7 ★	

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VALIDATION AREA BELOW

2024

2

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

PERIOD 4-1-24 to 6-30-24	DUE ON 7-31-24	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 4 THIS QUARTER ★	
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7 ★	

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VALIDATION AREA BELOW

2024

3

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

PERIOD 7-1-24 to 9-30-24	DUE ON 10-31-24	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 4 THIS QUARTER ★	
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7 ★	

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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

2024

4

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

PERIOD 10-1-24 to 12-31-24	DUE ON 1-31-25	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 4 THIS QUARTER ★	
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7 ★	

CITY OF HAMTRAMCK-ANNUAL RECONCILIATION • INCOME TAX WITHHELD

HW-3

DUE ON OR BEFORE 2-28-25	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	

2024

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

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 _____</p> <p>(Date) _____</p> <p><input type="checkbox"/> Still operating - Ceased paying wages.</p> <p>Wages will be paid starting _____</p> <p>(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. <input type="checkbox"/> Other: _____</p> <p>_____</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 _____</p> <p>(Date) _____</p> <p><input type="checkbox"/> Still operating - Ceased paying wages.</p> <p>Wages will be paid starting _____</p> <p>(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. <input type="checkbox"/> Other: _____</p> <p>_____</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 _____</p> <p>(Date) _____</p> <p><input type="checkbox"/> Still operating - Ceased paying wages.</p> <p>Wages will be paid starting _____</p> <p>(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. <input type="checkbox"/> Other: _____</p> <p>_____</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 _____</p> <p>(Date) _____</p> <p><input type="checkbox"/> Still operating - Ceased paying wages.</p> <p>Wages will be paid starting _____</p> <p>(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. <input type="checkbox"/> Other: _____</p> <p>_____</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 \$	_____