

**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.
1-1-20 to 3-31-20	4-30-20	

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

**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.
4-1-20 to 6-30-20	7-31-20	

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

**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.
7-1-20 to 9-30-20	10-31-20	

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

**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.
10-1-20 to 12-31-20	1-31-21	

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.
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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

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