

H-501
DO NOT WRITE
IN THIS SPACE

**EMPLOYER'S MONTHLY DEPOSIT
HAMTRAMCK INCOME TAX WITHHELD**

1	IDENTIFICATION NO.	2	MONTH
3 DUE ON OR BEFORE			
NAME AND ADDRESS			

PAY TO:
CITY OF HAMTRAMCK
MAIL TO:
**CITY OF HAMTRAMCK
INCOME TAX DEPARTMENT
P.O. BOX 209
EATON RAPIDS, MI 48827**
Monthly filing not required unless Highland Park
withholding tax exceeds \$100.00

4 Amount Deposited	\$
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IMPORTANT: If deposit is for a period other than
Box 2 enter the correct period

HERE →

MONTH	YEAR
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SIGNATURE TITLE DATE

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**CITY OF HAMTRAMCK
INCOME TAX
P.O. BOX 209
EATON RAPIDS, MI 48827**

HAMTRAMCK INCOME
TAX WITHHELD
HP-941/501

INCOME TAX

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 QUARTTR.	
5		*
	ADJUSTMENT	
ADJUSTED TAX		
6	WITHHELD	
LESS MONTHLY PAYMENTS THIS QUARTER		
AMOUNT DUE		*

PERIOD	DUE ON	IDENTIFICATION

IF FINAL RETURN CHECK HERE AND COMPLETE QUESTIONS ON THE REVERSE SIDE.

SIGNATURE TITLE DATE

1. Last pay period on which Hamtramck taxes were withheld _____
2. Check reason for "Final Return" and answer applicable questions:
- Business permanently discontinued
- Business permanently discontinued
- Operations will be resumed on (Date) _____
- Still operating - Ceased paying wages.
- Wages will be paid starting (Date) _____
- Business sold to:
- Name _____
- Street _____
- City _____
- Moved out of Hamtramck
3. Your current address:
- Street _____
- City _____
4. Other: _____
- _____
- _____

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