

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

1 M 2025

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) _____

**TOTAL DUE
PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # _____

**TAX YEAR 2025
PAYROLL PERIOD JANUARY 1M
DUE DATE February 28, 2025**

DO NOT WRITE BELOW THIS LINE

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

2 M 2025

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) _____

**TOTAL DUE
PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # _____

**TAX YEAR 2025
PAYROLL PERIOD FEBRUARY 2M
DUE DATE March 31, 2025**

DO NOT WRITE BELOW THIS LINE

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

3 M 2025

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) _____

**TOTAL DUE
PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # _____

**TAX YEAR 2025
PAYROLL PERIOD MARCH 3M
DUE DATE April 30, 2025**

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 2025

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) _____

**TOTAL DUE
PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # _____

**TAX YEAR 2025
PAYROLL PERIOD APRIL 4M
DUE DATE May 31, 2025**

DO NOT WRITE BELOW THIS LINE

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

5 M 2025

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) _____

**TOTAL DUE
PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # _____

**TAX YEAR 2025
PAYROLL PERIOD MAY 5M
DUE DATE June 30, 2025**

DO NOT WRITE BELOW THIS LINE

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

6 M 2025

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) _____

**TOTAL DUE
PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # _____

**TAX YEAR 2025
PAYROLL PERIOD JUNE 6M
DUE DATE July 31, 2025**

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**

7 M 2025

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) _____

**TOTAL DUE
PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # _____

**TAX YEAR 2025
PAYROLL PERIOD JULY 7M
DUE DATE August 31, 2025**

DO NOT WRITE BELOW THIS LINE

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

8 M 2025

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) _____

**TOTAL DUE
PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # _____

**TAX YEAR 2025
PAYROLL PERIOD AUGUST 8M
DUE DATE September 30, 2025**

DO NOT WRITE BELOW THIS LINE

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

9 M 2025

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) _____

**TOTAL DUE
PAY THIS AMOUNT**

FEDERAL EMPLOYER ID # _____

**TAX YEAR 2025
PAYROLL PERIOD SEPTEMBER 9M
DUE DATE October 31, 2025**

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**

10 M 2025

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) _____

TOTAL DUE PAY THIS AMOUNT

FEDERAL EMPLOYER ID # _____

TAX YEAR 2025
PAYROLL PERIOD OCTOBER 10M
DUE DATE November 30, 2025

DO NOT WRITE BELOW THIS LINE

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

11 M 2025

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) _____

TOTAL DUE PAY THIS AMOUNT

FEDERAL EMPLOYER ID # _____

TAX YEAR 2025
PAYROLL PERIOD NOVEMBER 11M
DUE DATE December 31, 2025

DO NOT WRITE BELOW THIS LINE

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

12 M 2025

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) _____

TOTAL DUE PAY THIS AMOUNT

FEDERAL EMPLOYER ID # _____

TAX YEAR 2025
PAYROLL PERIOD DECEMBER 12M
DUE DATE January 31, 2026

DO NOT WRITE BELOW THIS LINE

**CITY OF HAMTRAMCK-INCOME TAX DIVISION
RECONCILIATION OF HAMTRAMCK INCOME TAX WITHHELD**

Copies of W-2s must accompany this document.

**2025
HW-3**

**2025
HW-3**

**DUE ON
OR
BEFORE
2/28/2026**

IMPORTANT INFORMATION
GROSS PAYROLL USED TO CALCULATE PAYROLL TAX
\$ _____

1. TOTAL HAMTRAMCK TAX WITHHELD DURING YEAR AS SHOWN ON FORMS H W-2 OR W-2 ENCLOSED	\$		(A)
2. TOTAL NUMBER OF WITHHOLDING TAX STATEMENTS (FORMS HW-2 OR W-2) TRANSMITTED HEREWITH	→		
3. TOTAL HAMTRAMCK TAX WITHHELD AS SHOWN ON FORMS H-941 (use otherside if forms H-941 were filed monthly)	→		
THE NAME ADDRESS AND IDENTIFICATION NUMBER ON THIS FORM MUST BE THE SAME AS USED ON FORMS H-941 AND HW-2 OR W-2. IF NOT CORRECT, PLEASE CORRECT NAME AND ADDRESS	QUARTER ENDED MARCH 31	\$	
	QUARTER ENDED JUNE 30		
	QUARTER ENDED SEPTEMBER 30		
	QUARTER ENDED DECEMBER 31		
	TOTAL PAYMENT TO HAMTRAMCK	\$	
DIFFERENCE	\$		(A-B)
EMPLOYER IDENTIFICATION NO.			

SIGNATURE _____ TITLE _____ DATE _____ 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 \$	_____

<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 _____ (Date)</p> <p>Name _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p><input type="checkbox"/> Moved out of Hamtramck</p> <p>3. Your current address</p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p>4. <input type="checkbox"/> 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 _____ (Date)</p> <p>Name _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p><input type="checkbox"/> Moved out of Hamtramck</p> <p>3. Your current address</p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p>4. <input type="checkbox"/> 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 _____ (Date)</p> <p>Name _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p><input type="checkbox"/> Moved out of Hamtramck</p> <p>3. Your current address</p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p>4. <input type="checkbox"/> 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 _____ (Date)</p> <p>Name _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p><input type="checkbox"/> Moved out of Hamtramck</p> <p>3. Your current address</p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p>4. <input type="checkbox"/> Other: _____</p>