

HIGHLAND PARK INCOME TAX WITHHELD
 IF FINAL RETURN, CHECK HERE AND COMPLETE QUESTIONS ON THE REVERSE SIDE
 HP941-501

1 _____
 SIGNATURE PHONE #

_____ DATE
 TITLE

PERIOD DUE ON IDENTIFICATION NO.
 1-1-25 to 3-31-25 4-30-25

MAKE CHECK & MAIL TO

CITY OF HIGHLAND PARK
 Withholding Payment
 P.O BOX 239
 EATON RAPIDS, MI 48827-0239

VALIDATION AREA BELOW

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 4	★
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7	★

HIGHLAND PARK INCOME TAX WITHHELD
 IF FINAL RETURN, CHECK HERE AND COMPLETE QUESTIONS ON THE REVERSE SIDE
 HP941-501

2 _____
 SIGNATURE PHONE #

_____ DATE
 TITLE

PERIOD DUE ON IDENTIFICATION NO.
 4-1-25 to 6-30-25 7-32-25

MAKE CHECK & MAIL TO

CITY OF HIGHLAND PARK
 Withholding Payment
 P.O BOX 239
 EATON RAPIDS, MI 48827-0239

VALIDATION AREA BELOW

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 4	★
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7	★

HIGHLAND PARK INCOME TAX WITHHELD
 IF FINAL RETURN, CHECK HERE AND COMPLETE QUESTIONS ON THE REVERSE SIDE
 HP941-501

3 _____
 SIGNATURE PHONE #

_____ DATE
 TITLE

PERIOD DUE ON IDENTIFICATION NO.
 7-1-25 to 9-30-25 10-31-25

MAKE CHECK & MAIL TO

CITY OF HIGHLAND PARK
 Withholding Payment
 P.O BOX 239
 EATON RAPIDS, MI 48827-0239

VALIDATION AREA BELOW

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 4	★
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7	★

HIGHLAND PARK INCOME TAX WITHHELD
 IF FINAL RETURN, CHECK HERE AND COMPLETE QUESTIONS ON THE REVERSE SIDE
 HP941-501

4 _____
 SIGNATURE PHONE #

_____ DATE
 TITLE

PERIOD DUE ON IDENTIFICATION NO.
 10-1-25 to 12-31-25 1-31-25

MAKE CHECK & MAIL TO

CITY OF HIGHLAND PARK
 Withholding Payment
 P.O BOX 239
 EATON RAPIDS, MI 48827-0239

VALIDATION AREA BELOW

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 4	★
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7	★

CITY OF HIGHLAND PARK-ANNUAL RECONCILIATION • INCOME TAX WITHHELD

DUE ON OR BEFORE IDENTIFICATION NO.
 2-28-2026

RETURN WITH FORMS
 W-2 TO
CITY OF HIGHLAND PARK
INCOME TAX
 P.O Box 239
 Eaton Rapids, MI 48827-0239

HPW-3

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	

2025

_____ SIGNATURE PHONE #
 _____ TITLE DATE

NUMBER OF W-2'S SUBMITTED

SUMMARY

LST PAYMENTS MADE WITH HP941/501
EMPLOYERS RETURNS.

<p>1. Last pay period on which Highland Park 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 permanently 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 Highland Park</p> <p>3. Your current address:</p> <p>Street _____</p> <p>City _____</p> <p>4. <input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p>	<p>1. Last pay period on which Highland Park 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 permanently 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 Highland Park</p> <p>3. Your current address:</p> <p>Street _____</p> <p>City _____</p> <p>4. <input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p>	<p>1. Last pay period on which Highland Park 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 permanently 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 Highland Park</p> <p>3. Your current address:</p> <p>Street _____</p> <p>City _____</p> <p>4. <input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p>	<p>1. Last pay period on which Highland Park 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 permanently 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 Highland Park</p> <p>3. Your current address:</p> <p>Street _____</p> <p>City _____</p> <p>4. <input type="checkbox"/> Other: _____</p> <p>_____</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 \$	_____