P - 941 City of Pontiac - Income Tax Division
Employer's Return of Income Tax Withheld

1 M 2018

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 Pontiac

Mail to:
City of Pontiac Withholding Payments
P.O. Box 530
Eaton Rapids, MI 48827-0530

Tax withheld ____________________________________
Adjustments ____________________________________
Net tax withheld ____________________________________
Late payment penalty - 1% per month ($2.00 minimum) ____________________________________
Interest due (contact city for daily rates) ____________________________________

TOTAL DUE
PAY THIS AMOUNT

FEDERAL EMPLOYER ID # ____________________________________

TAX YEAR 2018
PAYROLL PERIOD JANUARY 1M
DUE DATE February 28, 2018

DO NOT WRITE BELOW THIS LINE

2 M 2018

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 # ____________________________________________

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Treasurer, City of Pontiac

Mail to:
City of Pontiac Withholding Payments
P.O. Box 530
Eaton Rapids, MI 48827-0530

Tax withheld ____________________________________
Adjustments ____________________________________
Net tax withheld ____________________________________
Late payment penalty - 1% per month ($2.00 minimum) ____________________________________
Interest due (contact city for daily rates) ____________________________________

TOTAL DUE
PAY THIS AMOUNT

FEDERAL EMPLOYER ID # ____________________________________

TAX YEAR 2018
PAYROLL PERIOD FEBRUARY 2M
DUE DATE March 31, 2018

DO NOT WRITE BELOW THIS LINE

3 M 2018

If this is your first return, enter date this business was started _______________________________
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I certify the tax withheld as shown on this return is correct.

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Phone # ____________________________________________

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Treasurer, City of Pontiac

Mail to:
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P.O. Box 530
Eaton Rapids, MI 48827-0530

Tax withheld ____________________________________
Adjustments ____________________________________
Net tax withheld ____________________________________
Late payment penalty - 1% per month ($2.00 minimum) ____________________________________
Interest due (contact city for daily rates) ____________________________________

TOTAL DUE
PAY THIS AMOUNT

FEDERAL EMPLOYER ID # ____________________________________

TAX YEAR 2018
PAYROLL PERIOD MARCH 3M
DUE DATE April 30, 2018

DO NOT WRITE BELOW THIS LINE
P - 941 City of Pontiac - Income Tax Division
Employer's Return of Income Tax Withheld

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Signature ________________________________ Date ______________________

Phone # ____________________________________________

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Mail to: City of Pontiac Withholding Payments
P.O. Box 530
Eaton Rapids, MI 48827-0530

Tax withheld
Adjustments
Net tax withheld
Late payment penalty - 1%
per month ($2.00 minimum)
Interest due
(contact city for daily rates)

TOTAL DUE
PAY THIS AMOUNT

FEDERAL EMPLOYER ID # ____________________________________________

TAX YEAR 2018
PAYROLL PERIOD APRIL 4M
DUE DATE May 31, 2018

DO NOT WRITE BELOW THIS LINE

P - 941 City of Pontiac - Income Tax Division
Employer's Return of Income Tax Withheld

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Signature ________________________________ Date ______________________

Phone # ____________________________________________

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Mail to: City of Pontiac Withholding Payments
P.O. Box 530
Eaton Rapids, MI 48827-0530

Tax withheld
Adjustments
Net tax withheld
Late payment penalty - 1%
per month ($2.00 minimum)
Interest due
(contact city for daily rates)

TOTAL DUE
PAY THIS AMOUNT

FEDERAL EMPLOYER ID # ____________________________________________

TAX YEAR 2018
PAYROLL PERIOD MAY 5M
DUE DATE June 30, 2018

DO NOT WRITE BELOW THIS LINE

P - 941 City of Pontiac - Income Tax Division
Employer's Return of Income Tax Withheld

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Signature ________________________________ Date ______________________

Phone # ____________________________________________

Make remittance payable to: Treasurer, City of Pontiac

Mail to: City of Pontiac Withholding Payments
P.O. Box 530
Eaton Rapids, MI 48827-0530

Tax withheld
Adjustments
Net tax withheld
Late payment penalty - 1%
per month ($2.00 minimum)
Interest due
(contact city for daily rates)

TOTAL DUE
PAY THIS AMOUNT

FEDERAL EMPLOYER ID # ____________________________________________

TAX YEAR 2018
PAYROLL PERIOD JUNE 6M
DUE DATE July 31, 2018

DO NOT WRITE BELOW THIS LINE
<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Payroll Period</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 M</td>
<td>2018</td>
<td>JULY 7M</td>
<td>August 31, 2018</td>
</tr>
<tr>
<td>8 M</td>
<td>2018</td>
<td>AUGUST 8M</td>
<td>September 30, 2018</td>
</tr>
<tr>
<td>9 M</td>
<td>2018</td>
<td>SEPTEMBER 9M</td>
<td>October 31, 2018</td>
</tr>
</tbody>
</table>
1. Last pay period on which Pontiac 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 Pontiac

3. Your current address
   Street _________________________
   City ___________________________
   State __________________________
   Zip Code _______________________

4. [ ] Other: _________________________
   _________________________________________________________________