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

<table>
<thead>
<tr>
<th>Field</th>
<th>2018</th>
<th>2018</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TAX YEAR</strong></td>
<td>2018</td>
<td>2018</td>
<td>2018</td>
</tr>
<tr>
<td><strong>PAYROLL PERIOD</strong></td>
<td>1-1-2018 THRU 3-31-2018</td>
<td>4-1-2018 THRU 6-30-2018</td>
<td>7-1-2018 THRU 9-30-2018</td>
</tr>
<tr>
<td><strong>DUE DATE</strong></td>
<td>April 30, 2018</td>
<td>July 31, 2018</td>
<td>October 31, 2018</td>
</tr>
</tbody>
</table>

**Make remittance payable to:**
Treasurer, City of Pontiac

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

**Signature**

**Date**

**Phone #**

---

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

**Signature**

**Date**

**Phone #**

---

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

**Signature**

**Date**

**Phone #**
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: _________________________
   ________________________________________________________________
P - 941 City of Pontiac - Income Tax Division
Employer's Return of Income Tax Withheld

4 Q 2018

TAX YEAR 2018
PAYROLL PERIOD 10-1-2018 THRU 12-31-2018
DUE DATE January 31, 2019

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

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

Signature ___________________________ Date __________

Phone # ___________________________

FEDERAL EMPLOYER I D # ___________________________

TAX YEAR 2018
PAYROLL PERIOD 10-1-2018 THRU 12-31-2018
DUE DATE January 31, 2019

DO NOT WRITE BELOW THIS LINE

P-941 CITY OF PONTIAC - INCOME TAX DIVISION
RECONCILIATION OF PONTIAC INCOME TAX WITHHELD

<p>| | | |</p>
<table>
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</thead>
<tbody>
<tr>
<td>TOTAL PONTIAC TAX WITHHELD DURING YEAR AS SHOWN ON FORMS PW-2 OR W-2 ENCLOSED</td>
<td></td>
<td>(A)</td>
</tr>
<tr>
<td>TOTAL NUMBER OF WITHHOLDING TAX STATEMENTS (FORMS PW-2 OR W-2) TRANSMITTED HEREWITH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL PONTIAC TAX WITHHELD AS SHOWN ON FORMS P-941 (USE OTHERWISE IF FORMS P-941 WERE FILED MONTHLY)</td>
<td>QUARTER ENDED MARCH 31 $</td>
<td></td>
</tr>
<tr>
<td>QUARTER ENDED JUNE 30 $</td>
<td>QUARTER ENDED SEPTEMBER 30 $</td>
<td></td>
</tr>
<tr>
<td>TOTAL PAYMENT TO PONTIAC $</td>
<td>DIFFERENCE $</td>
<td>(A-B)</td>
</tr>
</tbody>
</table>

SIGNATURE ___________________________ TITLE ___________________________ DATE ___________________________ PHONE # ___________________________

IMPORTANT INFORMATION
GROSS PAYROLL, USED TO CALCULATE PAYROLL TAX $ ___________________________

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2018
PW-3

DUE ON OR BEFORE 2/28/2019

Copies of PW-2s must accompany this document.
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
   - Business permanently discontinued
   - Still operating but ceased paying wages
   - Moved out of Pontiac
   - Moved out of Pontiac

3. Your current address
   - Street_________________________
   - City___________________________
   - State__________________________
   - Zip Code_______________________

4. Other:_________________________
   _______________________________
   _______________________________

City of Pontiac
Income Tax Division
P.O. Box 530
Eaton Rapids, MI 48827-0530

SUMMARY

EMPLOYER’S RETURNS
LIST PAYMENTS MADE WITH P941

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

YEARLY TOTAL $

1ST QUARTER TOTAL $

2ND QUARTER TOTAL $

3RD QUARTER TOTAL $

4TH QUARTER TOTAL $

YEARLY TOTAL $