

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

**1 Q 2020**

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 I D # \_\_\_\_\_  
**TAX YEAR 2020**  
**PAYROLL PERIOD 1-1-2020 THRU 3-31-2020**  
**DUE DATE April 30, 2020**

DO NOT WRITE BELOW THIS LINE

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

**2 Q 2020**

If this is your first return, enter date this business was started \_\_\_\_\_

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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 I D # \_\_\_\_\_  
**TAX YEAR 2020**  
**PAYROLL PERIOD 4-1-2020 THRU 6-30-2020**  
**DUE DATE July 31, 2020**

DO NOT WRITE BELOW THIS LINE

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

**3 Q 2020**

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 I D # \_\_\_\_\_  
**TAX YEAR 2020**  
**PAYROLL PERIOD 7-1-2020 THRU 9-30-2020**  
**DUE DATE October 31, 2020**

DO NOT WRITE BELOW THIS LINE

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 2020**

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 I D # \_\_\_\_\_  
**TAX YEAR 2020**  
**PAYROLL PERIOD 10-1-2020 THRU 12-31-2020**  
**DUE DATE January 31, 2021**

DO NOT WRITE BELOW THIS LINE

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

Copies of PW-2s must accompany this document.

2020  
PW-3

2020  
PW-3

DUE ON  
OR  
BEFORE  
2/28/2021

**IMPORTANT INFORMATION**  
  
GROSS PAYROLL USED TO CALCULATE PAYROLL TAX  
  
\$ \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE # \_\_\_\_\_

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

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 \$	_____