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

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Year</th>
<th>Tax Year</th>
<th>Payroll Period</th>
<th>Due Date</th>
</tr>
</thead>
</table>

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

**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

**FEDERAL EMPLOYER I D #** __________________________

**TAX YEAR** 2015
**PAYROLL PERIOD** 1-1-2015 THRU 3-31-2015
**DUE DATE** April 30, 2015

**TOTAL DUE**
**PAY THIS AMOUNT**

**FEDERAL EMPLOYER I D #** __________________________

**TAX YEAR** 2015
**PAYROLL PERIOD** 4-1-2015 THRU 6-30-2015
**DUE DATE** July 31, 2015

**TOTAL DUE**
**PAY THIS AMOUNT**

**FEDERAL EMPLOYER I D #** __________________________

**TAX YEAR** 2015
**PAYROLL PERIOD** 7-1-2015 THRU 9-30-2015
**DUE DATE** October 31, 2015

**TOTAL DUE**
**PAY THIS AMOUNT**

**FEDERAL EMPLOYER I D #** __________________________

**TAX YEAR** 2015
**PAYROLL PERIOD** 10-1-2015 THRU 12-31-2015
**DUE DATE** January 31, 2016

**TOTAL DUE**
**PAY THIS AMOUNT**

**FEDERAL EMPLOYER I D #** __________________________

**TAX YEAR** 2015
**PAYROLL PERIOD** 1-1-2016 THRU 3-31-2016
**DUE DATE** May 31, 2016

**TOTAL DUE**
**PAY THIS AMOUNT**

**FEDERAL EMPLOYER I D #** __________________________
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 __________________________
   - Still operating – Ceased paying wages
     Wages will be paid starting __________________________
   - 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

Tax Year: 2015
Payroll Period: 10-1-2015 THRU 12-31-2015
Due Date: January 31, 2016

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

TOTAL DUE
PAY THIS AMOUNT

FEDERAL EMPLOYER I D #

TAX YEAR 2015
PAYROLL PERIOD 10-1-2015 THRU 12-31-2015
DUE DATE January 31, 2016

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

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

1. TOTAL PONTIAC TAX WITHHELD DURING YEAR AS SHOWN ON FORMS PW-2 OR W-2 ENCLOSED $ (A) 2015
PW-3

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

   QUARTER ENDED MARCH 31 $ (B)

   QUARTER ENDED JUNE 30 $ (B)

   QUARTER ENDED SEPTEMBER 30 $ (B)

   QUARTER ENDED DECEMBER 31 $ (B)

   TOTAL PAYMENT TO PONTIAC $ (B)

   DIFFERENCE $ (A-B)

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.

SIGNATURE

TITLE

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 ____________________________
   - Still operating – ceased paying wages ____________________________

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

<table>
<thead>
<tr>
<th></th>
<th>JANUARY</th>
<th>FEBRUARY</th>
<th>MARCH</th>
<th>APRIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST QUARTER TOTAL $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2ND QUARTER TOTAL $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3RD QUARTER TOTAL $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4TH QUARTER TOTAL $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YEARLY TOTAL $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>