<table>
<thead>
<tr>
<th>TAX YEAR</th>
<th>PAYROLL PERIOD</th>
<th>DUE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 M 2016</td>
<td>JANUARY 1M</td>
<td>February 28, 2016</td>
</tr>
<tr>
<td>2 M 2016</td>
<td>FEBRUARY 2M</td>
<td>March 31, 2016</td>
</tr>
<tr>
<td>3 M 2016</td>
<td>MARCH 3M</td>
<td>April 30, 2016</td>
</tr>
</tbody>
</table>
P - 941 City of Pontiac - Income Tax Division
Employer's Return of Income Tax Withheld

4 M 2016

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 YEAR 2016
PAYROLL PERIOD APRIL 4M
DUE DATE May 31, 2016

DO NOT WRITE BELOW THIS LINE

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

5 M 2016

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 YEAR 2016
PAYROLL PERIOD MAY 5M
DUE DATE June 30, 2016

DO NOT WRITE BELOW THIS LINE

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

6 M 2016

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 YEAR 2016
PAYROLL PERIOD JUNE 6M
DUE DATE July 31, 2016

DO NOT WRITE BELOW THIS LINE

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

Mail to:
City of Pontiac Withholding Payments
P.O. Box 530
Eaton Rapids, MI 48827-0530
7 M 2016
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 2016

PAYROLL PERIOD JULY 7M

DUE DATE August 31, 2016

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

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

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 # ______________________________

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

8 M 2016
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 2016

PAYROLL PERIOD AUGUST 8M

DUE DATE September 30, 2016

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

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

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 # ______________________________

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

9 M 2016
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 2016

PAYROLL PERIOD SEPTEMBER 9M

DUE DATE October 31, 2016

Mail to:
City of Pontiac Withholding Payments
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: _________________________
   _____________________________________________________________
P - 941 City of Pontiac - Income Tax Division
Employer's Return of Income Tax Withheld

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 # ___________________________

10 M 2016

TAX YEAR
November 30, 2016

PAYROLL PERIOD
OCTOBER

DUE DATE

FEDERAL EMPLOYER I D # 2016

TOTAL DUE

PAY THIS AMOUNT

DO NOT WRITE BELOW THIS LINE

11 M 2016

TAX YEAR
December 31, 2016

PAYROLL PERIOD
NOVEMBER

DUE DATE

FEDERAL EMPLOYER I D # 2016

TOTAL DUE

PAY THIS AMOUNT

DO NOT WRITE BELOW THIS LINE

12 M 2016

TAX YEAR
January 31, 2017

PAYROLL PERIOD
DECEMBER

DUE DATE

FEDERAL EMPLOYER I D # 2016

TOTAL DUE

PAY THIS AMOUNT

DO NOT WRITE BELOW THIS LINE

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
   $ ___________

2. TOTAL NUMBER OF WITHHOLDING STATEMENTS FORMS PW-2 OR W-2 ENCLOSED

   TOTAL AMOUNT TO PONTIAC
   $ ___________

   QUARTER ENDED MARCH 31
   ________

   QUARTER ENDED JUNE 30
   ________

   QUARTER ENDED SEPTEMBER 30
   ________

   QUARTER ENDED DECEMBER 31
   ________

   TOTAL AMOUNT TO PONTIAC
   $ ___________

   (A)

   EMPLOYER IDENTIFICATION NO.
   ___________

   THE NAME, ADDRESS AND IDENTIFICATION NUMBER MUST BE THE SAME AS USED ON FORMS P-941 AND PW-2 OR W-2. IF NOT CORRECT, PLEASE CORRECT NAME AND ADDRESS

   EMPLOYER IDENTIFICATION NO.
   ___________

   SIGNATURE ____________ TITLE ____________ DATE ____________ PHONE ____________

Due on or before 2/28/2017

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
     Operations will be resumed on  __________________________
   - Still operating – Ceased paying wages
   - Business permanently dissolved
     Wages will be paid starting __________________________
   - Moved out of Pontiac

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

4. Other: __________________________
   __________________________________
   __________________________________
   __________________________________