

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

10 M 2015

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 2015

PAYROLL PERIOD OCTOBER 10M

DUE DATE November 30, 2015

DO NOT WRITE BELOW THIS LINE

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

11 M 2015

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

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Signature _____ Date _____

Phone # _____

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Treasurer, City of Pontiac

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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 2015

PAYROLL PERIOD NOVEMBER 11M

DUE DATE December 31, 2015

DO NOT WRITE BELOW THIS LINE

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

12 M 2015

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I certify the tax withheld as shown on this return is correct.

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 I D # _____

TAX YEAR 2015

PAYROLL PERIOD DECEMBER 12M

DUE DATE January 31, 2016

DO NOT WRITE BELOW THIS LINE

2015 PW-3

IMPORTANT INFORMATION

GROSS PAYROLL USED TO CALCULATE PAYROLL TAX

\$ _____

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

Copies of PW-2s must accompany this document.

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 otherside if forms P-941 were filed monthly)		→		
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.		QUARTER ENDED MARCH 31	\$	
		QUARTER ENDED JUNE 30		
NAME AND ADDRESS		QUARTER ENDED SEPTEMBER 30		
		QUARTER ENDED DECEMBER 31		
		TOTAL PAYMENT TO PONTIAC	\$	
		DIFFERENCE	\$	
		EMPLOYER IDENTIFICATION NO.		

SIGNATURE TITLE DATE PHONE #

DUE ON OR BEFORE 2/28/2016

(B) (A-B)

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 \$	

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

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☐ Business sold to

Name _____

Street _____

City _____

State _____

Zip Code _____

☐ Moved out of Pontiac

3. Your current address

Street _____

City _____

State _____

Zip Code _____

4. ☐ Other: _____