

**H-501**  
DO NOT WRITE  
IN THIS SPACE

**EMPLOYER'S MONTHLY DEPOSIT  
HAMTRAMCK INCOME TAX WITHHELD**

1	IDENTIFICATION NO.	2	MONTH
3	DUE ON OR BEFORE		
NAME AND ADDRESS			

PAY TO:  
TREASURER, CITY OF HAMTRAMCK  
MAIL TO:  
CITY OF HAMTRAMCK  
INCOME TAX DEPARTMENT  
3401 EVALINE  
HAMTRAMCK, MI 48212  
Monthly filing not required unless Hamtramck  
withholding tax exceeds \$100.00

4 Amount Deposited	\$
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IMPORTANT: If deposit is for a period other than  
Box 2 enter the correct period  
HERE → 

MONTH	YEAR
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SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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**TREASURER CITY OF HAMTRAMCK  
INCOME TAX  
3401 EVALINE  
HAMTRAMCK, MICHIGAN 48212**

HAMTRAMCK INCOME  
TAX WITHHELD  
H941/501

INCOME TAX

	AMOUNT WITHHELD	
1	1ST. MONTH THIS QTR.	
	AMOUNT WITHHELD	
2	2ND MONTH THIS QTR.	
	AMOUNT WITHHELD	
3	3RD. MONTH THIS QTR.	
	TOTAL TAX WITHHELD	*
4	THIS QUARTER	*
5	ADJUSTMENT	*
	ADJUSTED TAX	
6	WITHHELD	
	LESS MONTHLY PAYMENTS THIS QUARTER	
	<b>AMOUNT DUE</b>	*

PERIOD	DUE ON	IDENTIFICATION NO.
--------	--------	--------------------

IF FINAL RETURN CHECK HERE AND COMPLETE QUESTIONS ON THE REVERSE SIDE.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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MONTH	YEAR
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INCOME TAX  
3401 EVALINE  
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HAMTRAMCK INCOME  
TAX WITHHELD  
H941/501

INCOME TAX

AMOUNT WITHHELD	
1 1ST. MONTH THIS QTR	
AMOUNT WITHHELD	
2 2ND MONTH THIS QTR.	
AMOUNT WITHHELD	
3 3RD. MONTH THIS QTR.	
TOTAL TAX WITHHELD	*
4 THIS QUARTER	
5 ADJUSTMENT	*
ADJUSTED TAX	
6 WITHHELD	
LESS MONTHLY PAYMENTS THIS QUARTER	
AMOUNT DUE	*

PERIOD	DUE ON	IDENTIFICATION NO.
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\_\_\_\_\_  
SIGNATURE TITLE DATE

**CITY OF HAMTRAMCK -ANNUAL RECONCILIATION  
INCOME TAX WITHHELD**

NUMBER OF W-2's SUBMITTED	TAX WITHHELD AS SHOWN ON ATTACHED W-2's	1
	TAX PAID TOTALS FROM REVERSE SIDE	2
DUE ON OR BEFORE	IDENTIFICATION NO.	BALANCE DUE PAY IN FULL THIS RETURN
SIGNATURE		3
TITLE	DATE	OVERPAYMENT ATTACH EXPLANATION
		4

**ADDRESS CHANGE VOUCHER**

**INCOME TAX CITY OF HAMTRAMCK  
3401 EVALINE HAMTRAMCK, MICHIGAN 48212**

CHANGE ADDRESS TO: \_\_\_\_\_

\_\_\_\_\_

I.D. NO. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE DATE