

MAIL IN SUPPLIED ENVELOPE

**HIGHLAND PARK INCOME TAX WITHHELD**

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

HP941-501

MAKE CHECK & MAIL TO

**CITY OF HIGHLAND PARK**  
Withholding Payment  
P.O BOX 239  
EATON RAPIDS, MI 48827-0239

VALIDATION AREA BELOW

**1**

SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

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

PERIOD \_\_\_\_\_ DUE ON \_\_\_\_\_ IDENTIFICATION NO. \_\_\_\_\_

AMOUNT WITHHELD 1 1ST MONTH THIS QTR	
AMOUNT WITHHELD 2 2ND MONTH THIS QTR	
AMOUNT WITHHELD 3 3RD MONTH THIS QTR	
<b>TOTAL TAX WITHHELD THIS QUARTER</b> 4	★
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7	★

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VALIDATION AREA BELOW

**2**

SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

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

PERIOD \_\_\_\_\_ DUE ON \_\_\_\_\_ IDENTIFICATION NO. \_\_\_\_\_

AMOUNT WITHHELD 1 1ST MONTH THIS QTR	
AMOUNT WITHHELD 2 2ND MONTH THIS QTR	
AMOUNT WITHHELD 3 3RD MONTH THIS QTR	
<b>TOTAL TAX WITHHELD THIS QUARTER</b> 4	★
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7	★

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VALIDATION AREA BELOW

**3**

SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

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

PERIOD \_\_\_\_\_ DUE ON \_\_\_\_\_ IDENTIFICATION NO. \_\_\_\_\_

AMOUNT WITHHELD 1 1ST MONTH THIS QTR	
AMOUNT WITHHELD 2 2ND MONTH THIS QTR	
AMOUNT WITHHELD 3 3RD MONTH THIS QTR	
<b>TOTAL TAX WITHHELD THIS QUARTER</b> 4	★
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7	★

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Withholding Payment  
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EATON RAPIDS, MI 48827-0239

VALIDATION AREA BELOW

**4**

SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

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

PERIOD \_\_\_\_\_ DUE ON \_\_\_\_\_ IDENTIFICATION NO. \_\_\_\_\_

AMOUNT WITHHELD 1 1ST MONTH THIS QTR	
AMOUNT WITHHELD 2 2ND MONTH THIS QTR	
AMOUNT WITHHELD 3 3RD MONTH THIS QTR	
<b>TOTAL TAX WITHHELD THIS QUARTER</b> 4	★
ADJUSTMENT 5	
ADJUSTED TAX WITHHELD 6	
AMOUNT DUE 7	★

MAIL IN SUPPLIED ENVELOPE

**CITY OF HIGHLAND PARK-ANNUAL RECONCILIATION • INCOME TAX WITHHELD**

**HPW-3**

DUE ON OR BEFORE \_\_\_\_\_ IDENTIFICATION NO. \_\_\_\_\_

RETURN WITH FORMS  
W-2 TO  
**CITY OF HIGHLAND PARK**  
**INCOME TAX**  
P.O Box 239  
Eaton Rapids, MI 48827-0239

NUMBER OF W-2'S SUBMITTED \_\_\_\_\_

TAX WITHHELD AS SHOWN ON ATTACHED W2'S 1	
TAX PAID TOTALS FROM REVERSE SIDE 2	
<b>BALANCE DUE PAY IN FULL THIS RETURN</b> 3	
OVERPAYMENT ATTACH EXPLANATION 4	

SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

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