

2011 L941 - CITY OF LAPEER INCOME TAX WITHHELD

Mail remittance
and form to:

CITY OF LAPEER
INCOME TAX DEPT
576 LIBERTY PARK
LAPEER MI 48446

2011 1ST QTR 1/1/11 TO 3/31/11	DUE ON 5/2/2011	FEDERAL EMPLOYER ID #
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Business Name & Address:

FINAL PAYMENT-SEE BACK

Tax Withheld This Quarter	\$ _____
Prior Tax Paid This Quarter	\$ _____
Total Tax Amount Due	\$ _____

Signature _____	Title _____	Date _____	Phone Number _____
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LAPEER MI 48446

2011 2ND QTR 4/4/11 TO 6/30/11	DUE ON 8/1/2011	FEDERAL EMPLOYER ID #
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Business Name & Address:

FINAL PAYMENT-SEE BACK

Tax Withheld This Quarter	\$ _____
Prior Tax Paid This Quarter	\$ _____
Total Tax Amount Due	\$ _____

Signature _____	Title _____	Date _____	Phone Number _____
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2011 3RD QTR 7/1/11 TO 9/30/11	DUE ON 10/31/2011	FEDERAL EMPLOYER ID #
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Business Name & Address:

FINAL PAYMENT-SEE BACK

Tax Withheld This Quarter	\$ _____
Prior Tax Paid This Quarter	\$ _____
Total Tax Amount Due	\$ _____

Signature _____	Title _____	Date _____	Phone Number _____
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576 LIBERTY PARK
LAPEER MI 48446

2011 4TH QTR 10/1/11 TO 12/31/11	DUE ON 1/31/2012	FEDERAL EMPLOYER ID #
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Business Name & Address:

FINAL PAYMENT-SEE BACK

Tax Withheld This Quarter	\$ _____
Prior Tax Paid This Quarter	\$ _____
Total Tax Amount Due	\$ _____

Signature _____	Title _____	Date _____	Phone Number _____
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L941 1ST QTR
PAYMENT SUMMARY

Janaury \$ _____
February \$ _____
March \$ _____
Total \$ _____

L941 2ND QTR
PAYMENT SUMMARY

April \$ _____
May \$ _____
June \$ _____
Total \$ _____

L941 3RD QTR
PAYMENT SUMMARY

July \$ _____
August \$ _____
September \$ _____
Total \$ _____

L941 4TH QTR
PAYMENT SUMMARY

October \$ _____
November \$ _____
December \$ _____
Total \$ _____

EFFECTIVE DATE AND
REASON FOR FINAL PAYMENT

EFFECTIVE DATE _____

- Business permanently discontinued
- Business temporarily discontinued
- Still operating - ceased paying wages
- Business sold to:

Name: _____
Street: _____
City: _____

- Moved out of Lapeer
- Changed business type

New Business Type:

- Changed business FEIN

New FEIN:

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New FEIN:
