<table>
<thead>
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<th>Month</th>
<th>Year</th>
<th>Payroll Period</th>
<th>Due Date</th>
</tr>
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<td>1 M</td>
<td>2020</td>
<td>JANUARY 1M</td>
<td>February 28, 2020</td>
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<tr>
<td>2 M</td>
<td>2020</td>
<td>FEBRUARY 2M</td>
<td>March 31, 2020</td>
</tr>
<tr>
<td>3 M</td>
<td>2020</td>
<td>MARCH 3M</td>
<td>April 30, 2020</td>
</tr>
</tbody>
</table>

**Make remittance payable to:**
Treasurer, City of Highland Park
P.O. Box 239
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 ID #**

**TAX YEAR**
2020

**PAYROLL PERIOD**

**DUE DATE**
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.

Phone # ____________________________________________

Make remittance payable to:
Treasurer, City of Highland Park

Mail to:
City of Highland Park Withholding Payments
P.O. Box 239
Eaton Rapids, MI 48827-0530

Signature _______________________________________________________  Date _________________

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 ID # ____________________________________

TAX YEAR 2020
PAYROLL PERIOD ____________________________
DUE DATE ____________________________

DO NOT WRITE BELOW THIS LINE

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

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

Phone # ____________________________________________

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Mail to:
City of Highland Park Withholding Payments
P.O. Box 239
Eaton Rapids, MI 48827-0530

Signature _______________________________________________________  Date _________________

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 ID # ____________________________________

TAX YEAR 2020
PAYROLL PERIOD ____________________________
DUE DATE ____________________________

DO NOT WRITE BELOW THIS LINE

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

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Phone # ____________________________________________

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Mail to:
City of Highland Park Withholding Payments
P.O. Box 239
Eaton Rapids, MI 48827-0530

Signature _______________________________________________________  Date _________________

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 ID # ____________________________________

TAX YEAR 2020
PAYROLL PERIOD ____________________________
DUE DATE ____________________________

DO NOT WRITE BELOW THIS LINE
HP - 941 City of Highland Park - 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 # _______________________________________________________

Make remittance payable to: Treasurer, City of Highland Park
Mail to: City of Highland Park Withholding Payments
         P.O. Box 239
         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 ID # ____________________________________
TAX YEAR 2020
PAYROLL PERIOD JULY 7M
DUE DATE August 31, 2020

DO NOT WRITE BELOW THIS LINE

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HP - 941 City of Highland Park - 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 # _______________________________________________________

Make remittance payable to: Treasurer, City of Highland Park
Mail to: City of Highland Park Withholding Payments
         P.O. Box 239
         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 ID # ____________________________________
TAX YEAR 2020
PAYROLL PERIOD AUGUST 8M
DUE DATE September 30, 2020

DO NOT WRITE BELOW THIS LINE

---

HP - 941 City of Highland Park - 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 # _______________________________________________________

Make remittance payable to: Treasurer, City of Highland Park
Mail to: City of Highland Park Withholding Payments
         P.O. Box 239
         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 ID # ____________________________________
TAX YEAR 2020
PAYROLL PERIOD SEPTEMBER 9M
DUE DATE October 31, 2020

DO NOT WRITE BELOW THIS LINE
1. Last pay period on which Highland Park
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 Highland Park

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

4. ☐ Other: _________________________
     __________________________________
     __________________________________

1. Last pay period on which Highland Park
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 Highland Park

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

4. ☐ Other: _________________________
     __________________________________
     __________________________________
HP - 941 City of Highland Park - 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 # ____________________________________________

Make remittance payable to: Treasurer, City of Highland Park
Mail to: City of Highland Park Withholding Payments P.O. Box 239 Eaton Rapids, MI 48827-0530

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 Highland Park
Mail to: City of Highland Park Withholding Payments P.O. Box 239 Eaton Rapids, MI 48827-0530

Make remittance payable to: Treasurer, City of Highland Park
Mail to: City of Highland Park Withholding Payments P.O. Box 239 Eaton Rapids, MI 48827-0530

1. TOTAL HIGHLAND PARK TAX WITHHELD DURING YEAR AS SHOWN ON FORMS HPW-2 OR W-2 ENCLOSED $ ____________________________
2. TOTAL NUMBER OF WITHHOLDING TAX STATEMENTS (FORMS HPW-2 OR W-2) TRANSMITTED HERewith ____________________________
3. TOTAL HIGHLAND PARK TAX WITHHELD AS SHOWN ON FORMS HP-941 (use otherside if forms HP-941 were filed monthly) $ ____________________________

SIGNATURE: ____________________ TITLE: ____________________ DATE: __________ PHONE #: ________

10 M 2020
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 ID # ____________________________

TAX YEAR 2020
PAYROLL PERIOD OCTOBER 10M
DUE DATE November 30, 2020

DO NOT WRITE BELOW THIS LINE

11 M 2020
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 ID # ____________________________

TAX YEAR 2020
PAYROLL PERIOD NOVEMBER 11M
DUE DATE December 31, 2020

DO NOT WRITE BELOW THIS LINE

12 M 2020
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 ID # ____________________________

TAX YEAR 2020
PAYROLL PERIOD DECEMBER 12M
DUE DATE January 31, 2021

DO NOT WRITE BELOW THIS LINE

CITY OF HIGHLAND PARK - INCOME TAX DIVISION
RECONCILATION OF HIGHLAND PARK INCOME TAX WITHHELD

Copies of HPW-3s must accompany this document.

2020 HPW-3

GROSS PAYROLL USED TO CALCULATE PAYROLL TAX $ ____________________________

IMPORTANT INFORMATION
DUE ON OR BEFORE 2/28/2021

2020 HPW-3

$ ____________________________ $ ____________________________ $ ____________________________ $ ____________________________ $ ____________________________

A) TOTAL HIGHLAND PARK TAX WITHHELD DURING YEAR AS SHOWN ON FORMS HPW-2 OR W-2 ENCLOSED
B) TOTAL NUMBER OF WITHHOLDING TAX STATEMENTS (FORMS HPW-2 OR W-2) TRANSMITTED HERewith
C) TOTAL HIGHLAND PARK TAX WITHHELD AS SHOWN ON FORMS HP-941 (use otherside if forms HP-941 were filed monthly)

SIGNATURE: ____________________ TITLE: ____________________ DATE: __________ PHONE #: ________

EMPLOYER IDENTIFICATION NO. ____________________________
**SUMMARY**

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<tr>
<th></th>
<th>JANUARY</th>
<th>FEBRUARY</th>
<th>MARCH</th>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUGUST</th>
<th>SEPTEMBER</th>
<th>OCTOBER</th>
<th>NOVEMBER</th>
<th>DECEMBER</th>
<th>YEARLY TOTAL</th>
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<tbody>
<tr>
<td>1. Last pay period on which HP941 taxes were withheld</td>
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<tr>
<td>2. Check reason for &quot;Final Return&quot; and answer if applicable</td>
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<td>3. Your current address</td>
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<td>4. Other:</td>
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**EMPLOYER'S RETURNS**

<table>
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<tr>
<th>JQTR</th>
<th>TOTAL $</th>
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<tbody>
<tr>
<td>1ST</td>
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<tr>
<td>2ND</td>
<td></td>
</tr>
<tr>
<td>3RD</td>
<td></td>
</tr>
<tr>
<td>4TH</td>
<td></td>
</tr>
</tbody>
</table>

**Income Tax Division**

City of Highland Park

1. Last pay period on which HP941 taxes were withheld

2. Check reason for "Final Return" and answer if applicable

3. Your current address

4. Other: