

ALBION INCOME TAX DIVISION
EMPLOYER'S **MONTHLY** RETURN OF INCOME TAX WITHHELD

1. IDENTIFICATION NUMBER	2. DEPOSIT PERIOD	3. DUE ON OR BEFORE	4. AMOUNT DUE
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TAXPAYER NAME AND ADDRESS

MONTHLY DEPOSIT OF INCOME TAX
IS REQUIRED IF TAX WITHHELD IN
THE FIRST QUARTER EXCEEDS \$100

IMPORTANT	
5. IF DEPOSIT IS FOR A PERIOD OTHER THAN BOX 2, ENTER THE CORRECT PERIOD	MONTH YEAR

MAKE REMITTANCE PAYABLE TO:

SIGNATURE TITLE DATE

CITY OF ALBION

PRINTED NAME OF SIGNER

IF FINAL RETURN, CHECK HERE AND COMPLETE
NOTICE OF CHANGE OR DISCONTINUANCE IN
RETURN BOOKLET

MAIL THIS FORM AND PAYMENT TO:
CITY OF ALBION
INCOME TAX DIVISION
112 WEST CASS STREET
ALBION, MI 49224-0900

ALBION INCOME TAX DIVISION
EMPLOYER'S **QUARTERLY** RETURN OF INCOME TAX WITHHELD

1. IDENTIFICATION NUMBER	2. RETURN PERIOD	3. DUE ON OR BEFORE	4. TAX WITHHELD THIS QUARTER
TAXPAYER NAME AND ADDRESS			5. ADJUSTMENTS
			6. ADJUSTED TAX WITHHELD
			7A. TAX PAID FIRST MONTH OF QUARTER
			7B. TAX PAID SECOND MONTH OF QUARTER
			8. AMOUNT DUE (LINE 6 LESS LINES 7A AND 7B) PAY THIS AMOUNT

MAKE REMITTANCE PAYABLE TO:

SIGNATURE TITLE DATE

CITY OF ALBION

PRINTED NAME OF SIGNER

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