

**CITY OF ALBION
INCOME TAX WITHHOLDING ANNUAL RETURN**

Issued under P.A. 284 of 1964. Filing is mandatory.

Year _____

AL-W3

Use this form to reconcile your year _____ withholding payments.

Company Name and Address	Federal Employer Identification Number (FEIN)
	Contact
	Telephone Number ()

1. Total Albion tax withheld during year _____ as shown on your W-2s **1.** _____

a. Indicate the total number of W-2s. (Enclose W-2 forms with this return) . . . **1a.** _____

2. Enter the Albion tax that was paid for each reporting period.
(*Quarterly filers, enter your payments on the lines for March, June, September and December.)

January _____	May _____	* September _____
February _____	* June _____	October _____
* March _____	July _____	November _____
April _____	August _____	* December _____

3. Add your payments and enter the total here **3.** _____

4. If your tax on Line 1 is **greater than** your payments on Line 3, subtract Line 3 from Line 1 and enter the **balance due Albion**. (Amounts over \$1.00 must be paid.) **4.** _____

5. If your tax on Line 1 is **less than** your payments on Line 3, subtract Line 1 from Line 3 and enter the **overpayment due you** **5.** _____

a. Enter the overpayment amount from Line 5 to be **credited forward** to the next monthly or quarterly withholding tax payment. (Reduce the next tax payment by the amount of the credit forward.) **5a.** _____

--or--

b. Enter the overpayment amount from Line 5 to be **refunded**. (Refunds will not be made for amounts less than \$1.00) **5b.** _____

**Make your check payable to: City of Albion.
Mail this form and all W-2s to: City of Albion, Income Tax Division, 112 West Cass St., Albion, Michigan 49224-0900.**

I declare under penalty of perjury that I have examined this return, including accompanying schedules, and to the best of my knowledge it is true and complete.		I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Taxpayer's Name (please print)		Preparer's Signature	Date
Taxpayer's Signature	Date	Preparer's Business Address and Telephone Number	

This return is due 59 days after the end of the calendar year (Feb. 28th), or 30 days after the close of business.