CITY OF ALBION
INCOME TAX WITHHOLDING ANNUAL RETURN

Year _____

AL-W3

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

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.