

SF-941



Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN	*Number of Residents withheld for	*Number of Non-Residents withheld for
January 2019	February 28, 2019			
			*Amount	*Amount
			Total	

Signature _____ Title _____ Date _____ Phone Number _____ This allocation is necessary due to the State of Michigan reporting requirements

Return this voucher with check or money order payable to: City of Springfield
 Mail to: Springfield Income Tax Department 601 Avenue A Springfield MI 49037-7774

SF-941



Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN	*Number of Residents withheld for	*Number of Non-Residents withheld for
February 2019	March 31, 2019			
			*Amount	*Amount
			Total	

Signature _____ Title _____ Date _____ Phone Number _____ This allocation is necessary due to the State of Michigan reporting requirements

Return this voucher with check or money order payable to: City of Springfield
 Mail to: Springfield Income Tax Department 601 Avenue A Springfield MI 49037-7774

SF-941



Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN	*Number of Residents withheld for	*Number of Non-Residents withheld for
March 2019	April 30, 2019			
			*Amount	*Amount
			Total	

Signature _____ Title _____ Date _____ Phone Number _____ This allocation is necessary due to the State of Michigan reporting requirements

Return this voucher with check or money order payable to: City of Springfield
 Mail to: Springfield Income Tax Department 601 Avenue A Springfield MI 49037-7774

SF-941



Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN	*Number of Residents withheld for	*Number of Non-Residents withheld for
April 2019	May 31, 2019			
			*Amount	*Amount
			Total	

Signature _____ Title _____ Date _____ Phone Number _____ This allocation is necessary due to the State of Michigan reporting requirements

Return this voucher with check or money order payable to: City of Springfield
 Mail to: Springfield Income Tax Department 601 Avenue A Springfield MI 49037-7774

SF-941



Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN	*Number of Residents withheld for	*Number of Non-Residents withheld for
May 2019	June 30, 2019			
			*Amount	*Amount
			Total	

Signature Title Date Phone Number This allocation is necessary due to the State of Michigan reporting requirements

Return this voucher with check or money order payable to: City of Springfield
 Mail to: Springfield Income Tax Department 601 Avenue A Springfield MI 49037-7774

SF-941



Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN	*Number of Residents withheld for	*Number of Non-Residents withheld for
June 2019	July 31, 2019			
			*Amount	*Amount
			Total	

Signature Title Date Phone Number This allocation is necessary due to the State of Michigan reporting requirements

Return this voucher with check or money order payable to: City of Springfield
 Mail to: Springfield Income Tax Department 601 Avenue A Springfield MI 49037-7774

SF-941



Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN	*Number of Residents withheld for	*Number of Non-Residents withheld for
July 2019	August 31, 2019			
			*Amount	*Amount
			Total	

Signature Title Date Phone Number This allocation is necessary due to the State of Michigan reporting requirements

Return this voucher with check or money order payable to: City of Springfield
 Mail to: Springfield Income Tax Department 601 Avenue A Springfield MI 49037-7774

SF-941



Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN	*Number of Residents withheld for	*Number of Non-Residents withheld for
August 2019	September 30, 2019			
			*Amount	*Amount
			Total	

Signature Title Date Phone Number This allocation is necessary due to the State of Michigan reporting requirements

Return this voucher with check or money order payable to: City of Springfield
 Mail to: Springfield Income Tax Department 601 Avenue A Springfield MI 49037-7774

SF-941



Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN	*Number of Residents withheld for	*Number of Non-Residents withheld for
September-2019	October 31, 2019			
			*Amount	*Amount
			Total	

Signature _____ Title _____ Date _____ Phone Number _____ This allocation is necessary due to the State of Michigan reporting requirements

Return this voucher with check or money order payable to: City of Springfield
 Mail to: Springfield Income Tax Department 601 Avenue A Springfield MI 49037-7774

SF-941



Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN	*Number of Residents withheld for	*Number of Non-Residents withheld for
October 2019	November 30, 2019			
			*Amount	*Amount
			Total	

Signature _____ Title _____ Date _____ Phone Number _____ This allocation is necessary due to the State of Michigan reporting requirements

Return this voucher with check or money order payable to: City of Springfield
 Mail to: Springfield Income Tax Department 601 Avenue A Springfield MI 49037-7774

SF-941



Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN	*Number of Residents withheld for	*Number of Non-Residents withheld for
November 2019	December 31, 2019			
			*Amount	*Amount
			Total	

Signature _____ Title _____ Date _____ Phone Number _____ This allocation is necessary due to the State of Michigan reporting requirements

Return this voucher with check or money order payable to: City of Springfield
 Mail to: Springfield Income Tax Department 601 Avenue A Springfield MI 49037-7774

SF-941



Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN	*Number of Residents withheld for	*Number of Non-Residents withheld for
December 2019	January 31, 2019			
			*Amount	*Amount
			Total	

Signature _____ Title _____ Date _____ Phone Number _____ This allocation is necessary due to the State of Michigan reporting requirements

Return this voucher with check or money order payable to: City of Springfield
 Mail to: Springfield Income Tax Department 601 Avenue A Springfield MI 49037-7774