

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
1st Quarter 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
2nd Quarter 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

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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
3rd Quarter 2019	October 31, 2019			
			*Amount	*Amount
			Total	

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

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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
4th Quarter 2019	January 31, 2020			
			*Amount	*Amount
			Total	

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

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