

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 2018	February 28, 2018			
			*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 2018	March 31, 2018			
			*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
March 2018	April 30, 2018			
			*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
April 2018	May 31, 2018			
			*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
May 2018	June 30, 2018			
			*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
June 2018	July 31, 2018			
			*Amount	*Amount
			Total	

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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
July 2018	August 31, 2018			
			*Amount	*Amount
			Total	

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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
August 2018	September 30, 2018			
			*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
September-2018	October 31, 2018			
			*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
October 2018	November 30, 2018			
			*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
November 2018	December 31, 2018			
			*Amount	*Amount
			Total	

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

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Tax Period (Month/Quarter)	Due Date	FEIN	*Number of Residents withheld for	*Number of Non-Residents withheld for
December 2018	January 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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