DW3 **City of Detroit Income Tax Withheld Annual Reconciliation** **1998**

STAMP DLN HERE

Office Use Only

$ ☐☐☐.☐☐☐.☐☐☐ a

☐☐☐ ☐☐☐ ☐☐☐

Federal Employer Identification Number
☐☐ + ☐☐☐☐☐☐☐

AccountID.
☐☐☐☐☐☐☐☐☐☐☐☐☐

NAICS Code
☐☐☐☐☐☐

Name
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address (Number Street or Rural Route)
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City or Town
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State
☐☐

Zip Code
☐☐☐☐☐-☐☐☐☐

Attach Check or Money Order Here

Number of W-2s submitted ──────────► ☐☐☐☐☐☐

Dollars   Cents

1. Total Tax paid this year ──────────► | 1 | ☐☐☐☐.☐☐☐v☐☐☐

2. Detroit Tax withheld as shown on attached W-2s ──────────► | 2 | ☐☐☐☐.☐☐☐a☐☐☐

3. If line 2 is larger than line 1, enter the amount of tax due ──────────► | 3 | ☐☐☐.☐☐☐☐☐☐
   Make check payable to Treasurer, City of Detroit

This reconciliation is **due on or before February 28, 1999.**

Please complete schedules on page 2.

Under penalty of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than the taxpayer the declaration is based on all information of which the preparer has any knowledge.

_____   _____   _____   _____
Signature   Phone Number   Title   Date

If prepared by other than taxpayer, Federal Employer Identification Number or Social Security Number is needed.

Return with forms W-2 TO:
CITY OF DETROIT
Room B-3 City County Building
2 Woodward Avenue
Detroit, Michigan 48226

DOCID 300 1998

SUMMARY

List payments with D941/ 501 employer's returns	
JANUARY	
FEBRUARY	
MARCH	
Quarter Ended MARCH 31	$
APRIL	
MAY	
JUNE	
Quarter Ended JUNE 30	$
JULY	
AUGUST	
SEPTEMBER	
Quarter Ended SEPT 30	$
OCTOBER	
NOVEMBER	
DECEMBER	
Quarter Ended DEC. 31	$
TOTAL PAID*	$
* (Enter on Page 1 line 1).	

Amount withheld as reported on quarterly returns	
JANUARY	
FEBRUARY	
MARCH	
Quarter Ended MARCH 31	$
APRIL	
MAY	
JUNE	
Quarter Ended JUNE 30	$
JULY	
AUGUST	
SEPTEMBER	
Quarter Ended SEPT 30	$
OCTOBER	
NOVEMBER	
DECEMBER	
Quarter Ended DEC. 31	$
TOTAL PAID*	$
* (Enter on Page 1 line 1).	