BC-941

City of Battle Creek

Print Form

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	February 28			
Company name and address			*Amount	*Amount
			Total	

Signature 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 Battle Creek
Mail to: Battle Creek Income Tax, PO Box 1657, Battle Creek, MI 49016-1657

BC-941

City of Battle Creek

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	March 31			
Company name and address			*Amount	*Amount
			Total	

Signature Date Phone Number

This allocation is necessary due to the State of Michigan reporting requirements

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Mail to: Battle Creek Income Tax, PO Box 1657, Battle Creek, MI 49016-1657

BC-941

City of Battle Creek

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	April 30			
Company name and address			*Amount	*Amount
			Total	

Signature Date Phone Number

This allocation is necessary due to the State of Michigan reporting requirements

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Mail to: Battle Creek Income Tax, PO Box 1657, Battle Creek, MI 49016-1657

BC-941

City of Battle Creek

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	May 31			
Company name and address			*Amount	*Amount
			Total	

Signature Date Phone Number

This allocation is necessary due to the State of Michigan reporting requirements

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City of Battle Creek

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	June 30			
Company name and address			*Amount	*Amount
			Total	

Signature Date Phone Number

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City of Battle Creek

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	July 31			
Company name and address			*Amount	*Amount
			Total	

Signature Date Phone Number

This allocation is necessary due to the State of Michigan reporting requirements

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BC-941

City of Battle Creek

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	August 31			
Company name and address			*Amount	*Amount
			Total	

Signature Date Phone Number

This allocation is necessary due to the State of Michigan reporting requirements

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BC-941

City of Battle Creek

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	September 30			
Company name and address			*Amount	*Amount
			Total	

Signature Date Phone Number

This allocation is necessary due to the State of Michigan reporting requirements

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BC-941

City of Battle Creek

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	October 31			
Company name and address			*Amount	*Amount
			Total	

Signature Date Phone Number

This allocation is necessary due to the State of Michigan reporting requirements

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Mail to: Battle Creek Income Tax, PO Box 1657, Battle Creek, MI 49016-1657

BC-941

City of Battle Creek

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	November 30			
Company name and address			*Amount	*Amount
			Total	

Signature Date Phone Number

This allocation is necessary due to the State of Michigan reporting requirements

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Mail to: Battle Creek Income Tax, PO Box 1657, Battle Creek, MI 49016-1657

BC-941

City of Battle Creek

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	December 31			
Company name and address			*Amount	*Amount
			Total	

Signature Date Phone Number

This allocation is necessary due to the State of Michigan reporting requirements

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BC-941

City of Battle Creek

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	January 31			
Company name and address			*Amount	*Amount
			Total	

Signature Date Phone Number

This allocation is necessary due to the State of Michigan reporting requirements

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Mail to: Battle Creek Income Tax, PO Box 1657, Battle Creek, MI 49016-1657