

RETURN TO:

INCOME TAX DIVISION PO BOX 515 EATON RAPIDS, MI 48827-0515

MAIL TO:

CITY OF GRAYLING EMPLOYER'S WITHHOLDING TAX FORMS AND INSTRUCTIONS

Dear Employer,

This booklet contains all necessary forms for reporting and remitting City of Grayling Income Tax withheld during calendar year 2024.

WHO IS REQUIRED TO WITHHOLD?

Every employer who:

- 1. Has a location in the City of Grayling, or
- 2. Is doing business in the City of Grayling

WITHHOLDING RATES:

There are two withholding rates:

- 1. One percent (1% or .01); and
- 2. One-half of one percent (.5% or .005).

Use the 1% rate for:

- 1. Residents of the City of Grayling working in Grayling and
- 2. Residents of the City of Grayling working outside of Grayling who are not subject to withholding for the city where they work.

Use the 1/2% rate for:

1. Nonresidents working in the City of Grayling.

POINTS OF CONTACT:

We encourage comments and questions The Income Tax Department numbers are: Phone: (989) 348-7750 Fax: (517) 441-9719 web: www.cityofgrayling.org email: graylingtax@issi-central.com

CITY OF GRAYLING Income Tax Department INSTRUCTIONS FOR EMPLOYER'S RETURN OF INCOME TAX WITHHELD FORM GR-941

A. REGULAR RETURNS

- 1. Quarterly returns are required to be filed on Form GR-941. Remittance in full should be made payable to City of Grayling. Mail Form GR-941 and remittance to City of Grayling Income Tax Division, PO Box 515, Eaton Rapids, MI 48827-0515. Quarterly returns and payments are due on the last day of the month following the end of the quarter.
- 2. Monthly reporting is optional. Upon request GR-941 forms will be provided.
- 3. If no taxes were withheld, the quarterly or monthly Form GR-941 must be filed showing zero tax withheld.
- 4. If the payment of wages has been temporarily discontinued for any reason, such as seasonal nature of the business, the employer must continue to file returns.

B. INITIAL RETURNS

- 1. Registration forms may be retrieved online at our website: www.cityofgrayling.org
- 2. If you have applied for, but not yet received an FEIN, write "FEIN Pending" in place of the FEIN. Notify the Income Tax Department as soon as you receive your FEIN.
- 3. If the business has been sold or transferred during the middle of a reporting period, both the old and new employer must file a return for the period. Neither should report tax withheld by the other.

C. FINAL RETURNS - NOTICE OF CHANGE OR DISCONTINUANCE

- 1. If no wages are expected to be paid in the future, complete and file a Notice of Change or Discontinuance Form.
- 2. If the business has been sold or transferred, provide the name of the new owner or owners, the date transferred and their FEIN on the Notice of Change or Discontinuance.
- 3. Provide the name and address of the person who will have custody of the books and records of the discontinued business on the Notice of Change or Discontinuance.
- 4. When discontinuing business, Employer's Annual Reconciliation of Income Tax Withheld Form GRW-3 must be filed by the due date for the final Form GR-941. A copy of Withholding Tax Statement and W2's for each employee from whom City of Grayling income tax was withheld during the current year must be filed with the Form GRW-3.

D. ALL EMPLOYERS

- If you do not have the necessary forms for filing, contact the Income Tax Division at (989) 348-7750, e-mail: graylingtax@issi-central.com, or visit online at www.cityofgrayling.org under income tax forms.
- 2. Form GR-941 provides a space for adjustment to correct mistakes made on prior returns from the current calendar year. When an adjustment is reported it must be accompanied by a statement explaining the adjustment.

CITY OF GRAYLING INCOME TAX DEPARTMENT INSTRUCTION FOR EMPLOYER'S RECONCILIATION OF GRAYLING INCOME TAX WITHHELD FORM GRW-3 DUE ON OR BEFORE FEBRUARY 28

INSTRUCTIONS FOR GRW-3

- 1. This form must be accompanied by a Form GRW-2 or W-2 for each employee (A) from whom Grayling income tax has been withheld during the year or (B) who had taxable Grayling income during the year (even though no income tax was withheld).
- 2. If an employer's total payroll consists of a number of separate units or establishment, the Forms GRW-2 or W-2 may be assembled accordingly and a separate list or tape submitted for each unity. In such case, a summary list or tape should be submitted, the total of which will agree with the corresponding entry to made on Form GRW-3
- 3. Where the number of Forms GRW-2 or W-2 is large, they may be forwarded in packages of convenient size. When this is done, the package should be identified with the name of the employer and consecutively numbered, and Form GRW-3 should be placed in Package No.1 The number of packages should be indicated immediately after the employer's name on Form GRW-3. All forms and packages sent by mail are required by postal regulations to be sent by first class mail.

	1. TOTAL GRAYLING TAX WITHHELD DURING YEAR AS SHOWN ON FORMS GRW-2 OR W-2 ENCLOSED (A)				1
DO NOT STAPLE			\$		-
	2. TOTAL NUMBER OF WITHHOLDING TAX STATEMENTS (FORMS GR-2 OR W-2) TRANSMITTED HEREWITH	1			-
	3. TOTAL GRAYLING TAX WITHHELD AS SHOWN ON FORMS GR-941	QUARTER ENDED MARCH 31	\$		
	(Use other side if forms GR-941 were filed monthly)	QUARTER ENDED JUNE 30			
	THE NAME, ADDRESS AND IDENTIFICATION NUMBER ON THIS FORM MUST BE THE SAME AS USED ON FORMS GR-941 AND GRW-2 OR W-2 IF NOT CORRECT, PLEASE CORRECT	QUARTER ENDED SEPTEMBER 30			
		QUARTER ENDED DECEMBER 31			DUE ON OR BEFORE
		TOTAL (8)	\$		FEB. 28
		EMPLOYER ID	ENTIFICATION NU	MBER	
		NOTE: ANY DIFFERENCE B SHOWN ON LINES (FULLY EXPLAINED I	A) AND (B) ABOVE	MUST BE	
	Mail this form together with Forms GRW-2 or W-2 and Adding-Machine Tape or Accounting Machine Listing, show- ing the total income Tax withheld on Forms GRW-2 or W-2 to:	FOR CITY	GRW-2		1
	CITY OF GRAYLING INCOME TAX DIVISION PO BOX 515, EATON RAPIDS, MI 48827-0515	USE ONLY COMPARED	GR-941		1
DENTIFICATION NUMBER 1-12	REFERENCE NO. AMOUNT - LINE A YEAR 48-49	TOTAL - LINE 2 52-56			NAME 73-80
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GRW-3	CITY OF GRAYLING - ADMINISTRATOR - INCOME TAX DIVISIO Reconciliation of Grayling Income Tax Withheld	DN			
<i>GRW-3</i> DO NOT STAPLE	CITY OF GRAYLING - ADMINISTRATOR - INCOME TAX DIVISIO		\$]
	CITY OF GRAYLING - ADMINISTRATOR - INCOME TAX DIVISIO Reconciliation of Grayling Income Tax Withheld 1. TOTAL GRAYLING TAX WITHHELD DURING YEAR AS SHOWN ON FORMS GRW-2 OR W-2 ENCLOSED (A) 2. TOTAL NUMBER OF WITHHOLDING TAX STATEMENTS (FORMS GR-2 OR W-2) TRANSMITTED HEREWITH	QUARTER ENDED]
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	CITY OF GRAYLING - ADMINISTRATOR - INCOME TAX DIVISION Reconcilitation of Grayling Income Tax Withheld 1. TOTAL GRAYLING TAX WITHHELD DURING YEAR AS SHOWN ON FORMS GRW-2 OR W-2 ENCLOSED (A) 2. TOTAL NUMBER OF WITHHOLDING TAX STATEMENTS (FORMS GR-2 OR W-2) TRANSMITTED HEREWITH 3. TOTAL GRAYLING TAX WITHHELD AS SHOWN ON FORMS GR-941 (Use other side if forms GR-941 were filed monthly) THE NAME, ADDRESS AND IDENTIFICATION NUMBER ON THIS FORM MUST BE THE SAME AS USED ON FORMS GR-941 AND GRW-2 OR W-2 IF NOT CORRECT, PLEASE CORRECT Mail this form together with Forms GRW-2 or W-2 and Adding-Machine Tape or Accounting Machine Listing, show-	QUARTER ENDED MARCH 31 QUARTER ENDED JUNE 30 QUARTER ENDED SEPTEMBER 30 QUARTER ENDED DECEMBER 31 TOTAL (8) EMPLOYER ID NOTE: ANY DIFFERENCE E SHOWN ON LINES (FULLY EXPLAINED I	\$ ENTIFICATION NUM ETWEEN THE AMC A) AND (B) ABOVE N AN ATTACHED S	OUNTS MUST BE	OR BEFORE

TAX WITHHELD AS SHOWN ON FORMS GR-941

JANUARY	\$
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	
TOTAL	

ENTER TOTAL ON LINE (B) ON OTHER SIDE

TAX WITHHELD AS SHOWN ON FORMS GR-941

JANUARY	\$
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	
TOTAL	

ENTER TOTAL ON LINE (B) ON OTHER SIDE

CITY OF	F GRAYLING - ADMINISTRATOR - INCOME TAX DIVIS	ION
	Reconciliation of Gravling Income Tax Withheld	

	1. TOTAL GRAYLING TAX WITHHELD DURING YEAR AS SHOWN ON	FORMS GRW-2 OR W-2 ENCLOSED (A)		\$		
O NOT STAPLE	2. TOTAL NUMBER OF WITHHOLDING TAX STATEMENTS (FORMS G	R-2 OR W-2) TRANSMITTED HEREWITH	I		i	1
	3. TOTAL GRAYLING TAX WITHHELD AS SHOWN ON FORMS GR-94	1	QUARTER ENDED) \$		1
	(Use other side if forms GR-941 were filed monthly)		MARCH 31 QUARTER ENDED)		1
	THE NAME, ADDRESS AND IDENTIFICATION NUMBER ON THIS FO AS USED ON FORMS GR-941 AND GRW-2 OR W-2 IF NOT CORREC		JUNE 30 QUARTER ENDED SEPTEMBER 30)		1
			QUARTER ENDED DECEMBER 31)		DUE ON OR BEFORE
	R -	CODV	TOTAL (8)	\$		FEB. 28
	Employer's	COPJ				
			NOTE:			1
			ANY DIFFERENCE E SHOWN ON LINES FULLY EXPLAINED	(A) AND (B) ABO	VE MUST BE	
	Mail this form together with Forms GRW-2 or W-2 and Adding-Machine ing the total income Tax withheld on Forms GRW-2 or W-2 to:		FOR CITY	GRW-2		1
	CITY OF GRAYLING INCOME TAX D PO BOX 515, EATON RAPIDS, MI 48		USE ONLY COMPARED	GR-941		1
ENTIFICATION NUMBER	REFERENCE NO		TOTAL - LINE 2 52-56			NAME 73-80
1-12		38-46 48-49 Cut at Line INCOME TAX DI			CD	0.4
1-12 GR-94 1. EMPLOYER I.D. NO.	 	Cut at Line	EPARTM	ENT HELD		-94'
GR-94	41 CITY OF GRAYLING	Cut at Line INCOME TAX DI	EPARTM			-94′
GR-94	41 CITY OF GRAYLING EMPLOYERS RETURN 2. RETURN PERIOD 2nd QUARTER	Cut at Line	EPARTM		I.D. NO.	-94 ′
GR-94 1. EMPLOYER I.D. NO.	41 CITY OF GRAYLING EMPLOYERS RETURN 2. RETURN PERIOD 2nd QUARTER	Cut at Line	EPARTM AX WITH	1. EMPLOYER	I.D. NO.	-94'
GR-94 1. EMPLOYER I.D. NO.	41 CITY OF GRAYLING EMPLOYERS RETURN 2. RETURN PERIOD 2nd QUARTER	Cut at Line	EPARTM	1. EMPLOYER 6. TAX WITHH	I.D. NO.	-94 ′
GR-94 1. EMPLOYER I.D. NO.	41 CITY OF GRAYLING EMPLOYERS RETURN 2. RETURN PERIOD 2nd QUARTER	Cut at Line	EPARTM AX WITH	1. EMPLOYER 6. TAX WITHH 7. ADJUSTMEN	I.D. NO.	
GR-94 1. EMPLOYER I.D. NO.	41 CITY OF GRAYLING EMPLOYERS RETURN 2. RETURN PERIOD 2nd QUARTER	Cut at Line	EPARTM AX WITH	1. EMPLOYER 6. TAX WITHH 7. ADJUSTMEN	I.D. NO. IELD NTS (Total of boxes	
GR-94 1. EMPLOYER I.D. NO. 4. EMPLOYER N/	41 CITY OF GRAYLING EMPLOYERS RETURN 2. RETURN PERIOD 2nd QUARTER	Cut at Line	EPARTM AX WITH	1. EMPLOYER 6. TAX WITHH 7. ADJUSTMEN 8. TOTAL TAX 9. PENALTY &	I.D. NO. IELD NTS (Total of boxes INTEREST	6 & 7)
GR-94 1. EMPLOYER I.D. NO. 4. EMPLOYER N/	41 CITY OF GRAYLING EMPLOYERS RETURN 2. RETURN PERIOD 2. RETURN PERIOD 2. NO QUARTER AME & ADDRESS	Cut at Line	EPARTM AX WITH	1. EMPLOYER 6. TAX WITHH 7. ADJUSTMEN 8. TOTAL TAX 9. PENALTY &	I.D. NO. IELD NTS (Total of boxes	6 & 7)
GR-94 1. EMPLOYER I.D. NO. 4. EMPLOYER N/ 5. SIGNATURE O	41 CITY OF GRAYLING EMPLOYERS RETURN 2. RETURN PERIOD 2. RETURN PERIOD 2. NO QUARTER AME & ADDRESS	Cut at Line INCOME TAX DI NOF INCOME TA 3. DUE DATE (DUE ON OR BEFORE) JULY 31st		1. EMPLOYER 6. TAX WITHH 7. ADJUSTMEN 8. TOTAL TAX 9. PENALTY &	I.D. NO. IELD NTS (Total of boxes INTEREST	6 & 7)

GR-941	CITY OF GRAYLING EMPLOYERS RETUR	NOT INCOME TAX DEPA		, GR-941
1. EMPLOYER I.D. NO.	2. RETURN PERIOD 1st QUARTER	3. DUE DATE (DUE ON OR BEFORE) APRIL 30th	1. EMPLOY	ER I.D. NO.
4. EMPLOYER NAME & A	DDRESS		6. TAX WIT	HHELD
			7. ADJUSTI	MENTS
			8. TOTAL T	AX (Total of boxes 6 & 7)
			9. PENALTY	/ & INTEREST
5. SIGNATURE OF AUTHO	DRIZED AGENT & PHONE #		10. TOTAL	DUE (Total of Boxes 8 & 9)
lake remittance payable	ing Form GR-941 are on the insic e to: CITY OF GRAYLING urn to: Income Tax Division, PO E			MON/QTR Q1

Taxes were withheld Check reason for "Final Return" and answer applicable questions: Business permanently discontinued Derations will be resumed on (Date) Still operating - Ceased paying wages. Wages will be paid starting (Date) (Date) Business Sold to: Name Street City Our current address: Street City Other:	Last pay period in which Grayling
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4.	ω					N	. <u> </u>
Other:	City Moved out of City of Grayling Your current address: Street	Business Sold to: Name	wages. Wages will be paid starting (Date)	Operations will be resumed on (Date) Still operating - Ceased paying	 Business permanently discontinued Business temporary discontinued 	Check reason for "Final Return" and answer applicable questions:	Last pay period in which Grayling

Notes:

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CITY OF GRAYLING INCOME TAX DEPARTMENT EMPLOYERS RETURN OF INCOME TAX WITHHELD **GR-941 GR-941**

1. EMPLOYER I.D. NO.	2. RETURN PERIOD 4th QUARTER	3. DUE DATE (DUE ON OR BEFORE) JANUARY 31st	1. EMPLOY	ER I.D. NO.	
4. EMPLOYER NAME & ADD	RESS		6. TAX WIT	HHELD	
			7. ADJUST	NENTS	
			8. TOTAL T	AX (Total of boxes 6 &	k 7)
5. SIGNATURE OF AUTHORI	ZED AGENT & PHONE #		9. PENALT	& INTEREST	
			10. TOTAL	DUE (Total of Boxes 8	8 & 9)
nstructions for completing lake remittance payable t	o: CITY OF GRAYLING	back cover of the forms booklet.			MON/QTR Q4

Mail remittance with return to: Income Tax Division, PO Box 515, Eaton Rapids, MI 48827-0515

CITY OF GRAYLING INCOME TAX DEPARTMENT GR-941 **GR-941**

----- Cut at Line

1. EMPLOYER I.D. NO.	2. RETURN PERIOD 3rd QUARTER	3. DUE DATE (DUE ON OR BEFORE) OCTOBER 31st	1. EMPLOYEF	R I.D. NO.	
4. EMPLOYER NAME & ADD	RESS		6. TAX WITH	HELD	
			7. ADJUSTME	INTS	
			8. TOTAL TAX	(Total of boxes 6 &	k 7)
5. SIGNATURE OF AUTHORI	ZED AGENT & PHONE #		9. PENALTY 8	k INTEREST	
			10. TOTAL DU	JE (Total of Boxes 8	& 9)
Instructions for completing Make remittance payable t		e back cover of the forms booklet.	YEAR		MON/QTR Q3

Mail remittance with return to: Income Tax Division, PO Box 515, Eaton Rapids, MI 48827-0515

- .____ Last pay period in which Grayling Taxes were withheld
- Ņ Check reason for "Final Return" and answer applicable questions:
- Business permanently discontinued
- Business temporary discontinued Operations will be resumed on
- Still operating Ceased paying (Date)
- wages. Wages will be paid starting
- (Date)
- Business Sold to:
- Name_
- City Street_
- Moved out of City of Grayling
- ω Your current address: Street_
- Other: City

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- N Check reason for "Final Return" Business permanently discontinued (Date) wages. (Date) Wages will be paid starting
- Name_ Street_
- Moved out of City of Grayling
- Street_
- Other:

- Last pay period in which Grayling
- and answer applicable questions:
- Business temporary discontinued Operations will be resumed on
- Still operating Ceased paying
- Business Sold to:
- City
- Your current address:
- ω
- 4 City

Taxes were withheld

City of Grayling

Income Tax Division

NOTICE OF CHANGE OR DISCONTINUANCE

ACCOUNT NUMBER (FEIN):	CHANGE EFFECTIVE ON (DATE):
CURRENT LEGAL NAME:	CHANGE LEGAL NAME TO:
D.B.A.:	CHANGE D.B.A. TO:
CURRENT LEGAL BUSINESS ADDRESS:	CHANGE LEGAL BUSINESS ADDRESS TO:
MAILING ADDRESS:	CHANGE MAILING ADDRESS TO:
EMAIL ADDRESS:	PHONE OR CELL #:

INSTRUCTIONS: Place and "X" in all boxes that apply. Complete all information for that change. Write any comments or explanations on back of form.

□ 1.	The Internal Revenue Service	e has assigned us a federal identific	ation number:			
2.	Our federal employer identification number is wrong. The correct number is:					
3.	We have incorporated. Our c	orporate name is:				
4.	Our corporate federal employ	ver identification number is:				
5.	Discontinue our withholding t	ax registration:				
	We no longer ha	we any business activity in the City o	of Grayling.			
	We closed our b	usiness				
	on:					
	We sold our enti	re business TO:				
	on:					
	We sold part of c	our business				
	on:	Their FEIN is				
6.	Address and phone number	where we may be reached following	discontinuance of b	ousiness:		
	STREET	CITY	ZIP	PHONE		
7.	Change of ownership. (Pleas	e explain on back)				
8.	Effective/, v	ve have changed our fiscal year end	ling from	_ to 		
9.	Other changes. (Please expla	ain on back)				
SIGNATU	RE OF PREPARER	PRINT NAME OF PREPARER	DATE PREPARED	PREPARER'S PHONE #		
	MAIL TH	IS NOTICE AND ANY CORRES	SPONDENCE TO):		

CITY OF GRAYLING INCOME TAX DIVISION, PO BOX 515, EATON RAPIDS, MI 48827-0515