







**TAX WITHHELD AS SHOWN ON FORMS GR-941**

<b>JANUARY</b>	<b>\$</b>
<b>FEBRUARY</b>	
<b>MARCH</b>	
<b>APRIL</b>	
<b>MAY</b>	
<b>JUNE</b>	
<b>JULY</b>	
<b>AUGUST</b>	
<b>SEPTEMBER</b>	
<b>OCTOBER</b>	
<b>NOVEMBER</b>	
<b>DECEMBER</b>	
<b>TOTAL</b>	

**ENTER TOTAL ON LINE (B) ON OTHER SIDE**

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<b>JANUARY</b>	<b>\$</b>
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<b>SEPTEMBER</b>	
<b>OCTOBER</b>	
<b>NOVEMBER</b>	
<b>DECEMBER</b>	
<b>TOTAL</b>	

**ENTER TOTAL ON LINE (B) ON OTHER SIDE**



1. Last pay period in which Grayling Taxes were withheld \_\_\_\_\_

2. Check reason for "Final Return" and answer applicable questions:

Business permanently discontinued

Business temporary discontinued Operations will be resumed on \_\_\_\_\_

Still operating - Ceased paying wages. \_\_\_\_\_

Wages will be paid starting \_\_\_\_\_

Business Sold to: \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Moved out of City of Grayling

3. Your current address: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
Other: \_\_\_\_\_

1. Last pay period in which Grayling Taxes were withheld \_\_\_\_\_

2. Check reason for "Final Return" and answer applicable questions:

Business permanently discontinued

Business temporary discontinued Operations will be resumed on \_\_\_\_\_

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Business Sold to: \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Moved out of City of Grayling

3. Your current address: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
Other: \_\_\_\_\_

Notes:

✂ ---Cut at Line ---

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

1. EMPLOYER I.D. NO.	2. RETURN PERIOD <b>4TH QUARTER 2020</b>	3. DUE DATE (DUE ON OR BEFORE) <b>JANUARY 31, 2021</b>
4. EMPLOYER NAME & ADDRESS		
5. SIGNATURE OF AUTHORIZED AGENT & PHONE #		

1. EMPLOYER I.D. NO.	
6. TAX WITHHELD	
7. ADJUSTMENTS	
8. TOTAL TAX (Total of boxes 6 & 7)	
9. PENALTY & INTEREST	
10. TOTAL DUE (Total of Boxes 8 & 9)	
YEAR <b>2020</b>	MON/QTR <b>Q4</b>

Instructions for completing Form GR-941 are on the inside back cover of the forms booklet.  
Make remittance payable to: CITY OF GRAYLING  
Mail remittance with return to: Income Tax Department, P.O. 549, 1020 City Blvd., Grayling, MI 49738

✂ ---Cut at Line ---

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

1. EMPLOYER I.D. NO.	2. RETURN PERIOD <b>3RD QUARTER 2020</b>	3. DUE DATE (DUE ON OR BEFORE) <b>OCTOBER 31, 2020</b>
4. EMPLOYER NAME & ADDRESS		
5. SIGNATURE OF AUTHORIZED AGENT & PHONE #		

1. EMPLOYER I.D. NO.	
6. TAX WITHHELD	
7. ADJUSTMENTS	
8. TOTAL TAX (Total of boxes 6 & 7)	
9. PENALTY & INTEREST	
10. TOTAL DUE (Total of Boxes 8 & 9)	
YEAR <b>2020</b>	MON/QTR <b>Q3</b>

Instructions for completing Form GR-941 are on the inside back cover of the forms booklet.  
Make remittance payable to: CITY OF GRAYLING  
Mail remittance with return to: Income Tax Department, P.O. 549, 1020 City Blvd., Grayling, MI 49738

1. Last pay period in which Grayling  
Taxes were withheld \_\_\_\_\_

2. Check reason for "Final Return"  
and answer applicable questions:

Business permanently  
discontinued

Business temporary discontinued  
Operations will be resumed on

(Date) \_\_\_\_\_

Still operating - Ceased paying  
wages.  
Wages will be paid starting

(Date) \_\_\_\_\_

Business Sold to:  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_

Moved out of City of Grayling  
Your current address:  
Street \_\_\_\_\_  
City \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Last pay period in which Grayling  
Taxes were withheld \_\_\_\_\_

2. Check reason for "Final Return"  
and answer applicable questions:

Business permanently  
discontinued

Business temporary discontinued  
Operations will be resumed on

(Date) \_\_\_\_\_

Still operating - Ceased paying  
wages.  
Wages will be paid starting

(Date) \_\_\_\_\_

Business Sold to:  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_

Moved out of City of Grayling  
Your current address:  
Street \_\_\_\_\_  
City \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# City of Grayling

## Income Tax Department

### 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 has assigned us a federal identification number: \_\_\_\_\_
- 2. Our federal employer identification number is wrong. The correct number is: \_\_\_\_\_
- 3. We have incorporated. Our corporate name is: \_\_\_\_\_
- 4. Our corporate federal employer identification number is: \_\_\_\_\_
- 5. Discontinue our withholding tax registration:
  - We no longer have any business activity in the City of Grayling.
  - We closed our business  
on: \_\_\_\_\_
  - We sold our entire business TO: \_\_\_\_\_  
on: \_\_\_\_\_
  - We sold part of our business \_\_\_\_\_  
on: \_\_\_\_\_ Their FEIN is \_\_\_\_\_
- 6. Address and phone number where we may be reached following discontinuance of business:
 

_____	_____	_____	_____
STREET	CITY	ZIP	PHONE
- 7. Change of ownership. (Please explain on back)
- 8. Effective \_\_\_/\_\_\_/\_\_\_\_\_, we have changed our fiscal year ending from \_\_\_\_\_ to \_\_\_\_\_  

MONTH                      MONTH
- 9. Other changes. (Please explain on back)

SIGNATURE OF PREPARER	PRINT NAME OF PREPARER	DATE PREPARED	PREPARER'S PHONE #

**MAIL THIS NOTICE AND ANY CORRESPONDENCE TO:  
INCOME TAX DEPARTMENT, P.O. BOX 549, 1020 CITY BLVD., GRAYLING, MI 49738**