BC-941

City of Battle Creek

Print Form

Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN
January	February 28	

Company name and address

*Number of Residents withheld for	*Number of Non-Residents withheld for
*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
February	March 31	

Company name and address

*Number of Residents withheld for	*Number of Non-Residents withheld for
*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
March	April 30	

Company name and address

*Number of Residents withheld for	*Number of Non-Residents withheld for
*Amount	*Amount
Total	

Signature Date Phone Number

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BC-941

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Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN
April	May 31	

Company name and address

*Number of Residents withheld for	*Number of Non-Residents withheld for
*Amount	*Amount
Total	

Signature Date Phone Number

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BC-941

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Tax Period (Month/Quarter)	Due Date	FEIN
May	June 30	

Company name and address

*Number of Residents withheld for	*Number of Non-Residents withheld for
*Amount	*Amount
Total	

Signature Date Phone Number

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BC-941

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Tax Period (Month/Quarter)	Due Date	FEIN
June	July 31	

Company name and address

*Number of Residents withheld for	*Number of Non-Residents withheld for
*Amount	*Amount
Total	

Signature Date Phone Number

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BC-941

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Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN
July	August 31	

Company name and address

*Number of Residents withheld for	*Number of Non-Residents withheld for
*Amount	*Amount
Total	

Signature Date Phone Number

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BC-941

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Employer's Return of Income Tax Withheld

Tax Period (Month/Quarter)	Due Date	FEIN
August	September 30	

Company name and address

*Number of Residents withheld for	*Number of Non-Residents withheld for
*Amount	*Amount
Total	

Signature Date Phone Number

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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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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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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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