

**EL-501**PLEASE TYPE  
OR PRINTCity of East Lansing  
INCOME TAX DEPARTMENT**Employer's Monthly Deposit of Income Tax Withheld**

1. FEDERAL ID NUMBER

2. DEPOSIT PERIOD

3. DUE ON OR BEFORE

4. WITHHOLDING TAX DEPOSIT

TAXPAYER NAME AND ADDRESS

MONTHLY DEPOSIT OF INCOME TAX IS REQUIRED  
IF TAX WITHHELD IN FIRST OR SECOND MONTH  
OF A QUARTER EXCEEDS \$100.**IMPORTANT**5. IF DEPOSIT IS FOR A  
PERIOD OTHER THAN  
BOX 2, ENTER THE  
CORRECT PERIOD.

MONTH

YEAR

SIGNATURE

TITLE

**MAKE REMITTANCE PAYABLE TO:  
CITY OF EAST LANSING**

PRINTED NAME OF SIGNER

PHONE NUMBER

DATE

**MAIL TO: EAST LANSING INCOME TAX  
ATTN: WITHHOLDING SECTION  
410 ABBOT RD  
EAST LANSING, MI 48823****EL-501**PLEASE TYPE  
OR PRINTCity of East Lansing  
INCOME TAX DEPARTMENT**Employer's Monthly Deposit of Income Tax Withheld**

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**MAIL TO: EAST LANSING INCOME TAX  
ATTN: WITHHOLDING SECTION  
410 ABBOT RD  
EAST LANSING, MI 48823****EL-941**PLEASE TYPE  
OR PRINTCity of East Lansing  
INCOME TAX DEPARTMENT**Employer's Quarterly Return of Income Tax Withheld**

1. FEDERAL ID NUMBER

2. DEPOSIT PERIOD

3. DUE ON OR BEFORE

4. TAX WITHHELD THIS QUARTER

TAXPAYER NAME AND ADDRESS

5. ADJUSTMENTS

6. ADJUSTED TAX WITHHELD

7a. TAX PAID FIRST  
MONTH QUARTER7b. TAX PAID SECOND  
MONTH OF QUARTER8. AMOUNT DUE  
(Line 6 less lines 7a and 7b)  
**PAY THIS AMOUNT →**

SIGNATURE

TITLE

**MAKE REMITTANCE PAYABLE TO:  
CITY OF EAST LANSING**

PRINTED NAME OF SIGNER

If final return, check here and  
complete Notice of Change or  
Discontinuance in return booklet.

DATE

**MAIL TO: EAST LANSING INCOME TAX  
ATTN: WITHHOLDING SECTION  
410 ABBOT RD • EAST LANSING, MI 48823**