

New Jobs Training Program (NJTP) Credit Report

Issued under authority of Public Act 281 of 1967.

GENERAL INFORMATION: Public Act 360 of 2008 allows an employer, who has entered into an agreement with a community college, to divert Michigan income tax withholding to that college for the costs of new jobs training. NJTP payments diverted to a community college are considered income tax withholding paid to Michigan. Completion of this form is required to claim credit for diverted funds and should be submitted in association with your payment of Michigan income tax withholding.

Employers participating with NJTP are required to file by electronic funds transfer (EFT). The transmission detail entered for income tax withholding should be the amount of tax withheld, less the amount of diverted funds below.

This form must be filed monthly by the 20th of the month following the return period.

PART 1: TAXPAYER INFORMATION		
Company Name		Account Number
Address (Number and Street, P.O. Box or RR Number)		City, State, ZIP Code
Contact Name	Contact Telephone Number	E-mail Address

PART 2: COMMUNITY COLLEGE AGREEMENT DETAIL				
A. NJTP Agreement Identification Number	B. Name of Community College	C. Return Period (mm/yyyy)	D. Number of Employees in Qualified New Jobs	E. Amount of Income Tax Withholding Diverted
			Total Income Tax Withholding Diverted	

1. Total Michigan Income Tax Withheld for the Period.....
2. Enter Total Michigan Income Tax Withholding Diverted for the Period
(Total from Column E above)
3. Enter Michigan Income Tax Withholding Payment Due. Subtract Line 2 from Line 1

1.
2.
3.

PART 3: CERTIFICATION		
<i>I declare under penalty of perjury that this report is true and complete to the best of my knowledge and that all diverted withholding tax payments were made pursuant to a New Jobs Training Program Agreement. In the event that this credit is disallowed, the taxpayer accepts full responsibility for the payment of tax, penalty, and any accrued interest.</i>		
Printed Name	Title	Telephone Number
Signature of Employer or Authorized Representative		Date

E-mail a completed copy of this report to Treas-SUW-Analysts@michigan.gov by the 20th of the month following the return period. For information on completing this form, contact the Michigan Department of Treasury at 517-636-4730.