

PLEASE TYPE
OR PRINT

City of Grand Rapids INCOME TAX DEPARTMENT

PLEASE TYPE
OR PRINT

GR-SS-4

1. FEDERAL EMPLOYER IDENTIFICATION NUMBER

Employer's Withholding Registration

2. COMPLETE COMPANY NAME (include, if applicable, Corp., Inc., L.L.C., etc)

3. BUSINESS NAME, ASSUMED NAME OF DBA (If used)

LEGAL ADDRESS	4A. ENTER NUMBER AND STREET (Address to which correspondence is mailed.)	BUSINESS TELEPHONE
	CITY, STATE, ZIP	
MAILING ADDRESS	4B. ENTER NUMBER AND STREET. (Address to which tax forms are mailed.)	
	CITY, STATE, ZIP	
PHYSICAL ADDRESS IN GRAND RAPIDS	4C. ENTER NUMBER AND STREET. (Address of physical location in the City of Grand Rapids.)	
	CITY, STATE, ZIP	

Complete all information for each owner, partner, member or corporate officer. Attach a separate list if necessary.

5A. NAME (Last, First, Middle, Jr./Sr./III)	HOME TELEPHONE
BUSINESS TITLE	DATE OF BIRTH
RESIDENCE ADDRESS (Number, Street)	SOCIAL SECURITY NUMBER
CITY, STATE, ZIP	DRIVER LICENSE/MICHIGAN IDENTIFICATION
5B. NAME (Last, First, Middle, Jr./Sr./III)	HOME TELEPHONE
BUSINESS TITLE	DATE OF BIRTH
RESIDENCE ADDRESS (Number, Street)	SOCIAL SECURITY NUMBER
CITY, STATE, ZIP	DRIVER LICENSE/MICHIGAN IDENTIFICATION

COMPLETE THIS REGISTRATION IF REQUIRED TO WITHHOLD OR VOLUNTARILY WITHHOLDING AND:

- 1) Started a new business; or
- 2) Reinstated an old business; or
- 3) Purchased an ongoing business; or
- 4) Started doing business in Grand Rapids; or
- 5) Changed the type of business ownership (eg: from sole proprietorship to partnership, incorporating a sole proprietorship or partnership)

FILL OUT THIS REGISTRATION FORM COMPLETELY.

- The NAICS number requested in Section 6 is the 2002 North American Industry Classification System number. This number may be determined from the U.S. Census Bureau website at: www.census.gov/epcd/naics02/naicod02.htm.
- Check to see that necessary signature(s) is (are) affixed in Section 11.
- Mail the completed registration to the address on the reverse side.

EMPLOYERS REQUIRED TO REGISTER AND WITHHOLD:

- 1) Employers having a location in the City of Grand Rapids; or
- 2) Employers doing business in the City of Grand Rapids even though they have no location in the City.

WITHHOLD TAX FROM WAGES PAID TO THE FOLLOWING EMPLOYEES:

- 1) All residents of the City of Grand Rapids whether or not they work in the city;
- 2) All non-residents of the City of Grand Rapids who work in Grand Rapids (withhold only on wages earned in Grand Rapids).

For further information refer to the Income Tax Ordinance, the Withholding Tax Guide or call the Income Tax Department at (616) 456-3415. You will receive pre-identified withholding tax forms after the next quarterly printing. Tax forms are also available on our website, www.ci.grand-rapids.mi.us/index.pl?page_id=75.

Employers not required to withhold Grand Rapids income tax are encouraged to voluntarily register and withhold tax from wages paid to their Grand Rapids resident employees.

6. TYPE OF BUSINESS OWNERSHIP (check one only)

<input type="checkbox"/> (1) Individual	<input type="checkbox"/> (3) Limited Liability Co.	<input type="checkbox"/> (5) Non-MI Corporation
<input type="checkbox"/> (2) Partnership	<input type="checkbox"/> Domestic (Michigan)	<input type="checkbox"/> Subchapter S
<input type="checkbox"/> Registered Partnership Agreement Date: _____	<input type="checkbox"/> Professional	<input type="checkbox"/> (6) Non-Profit Corporation
<input type="checkbox"/> Limited Partnership Identify all general partners above.	<input type="checkbox"/> Foreign (Non-Michigan)	<input type="checkbox"/> (7) Government
	<input type="checkbox"/> (4) Michigan Corporation	<input type="checkbox"/> (8) Trust or Estate (Fiduciary)
	<input type="checkbox"/> Subchapter S	<input type="checkbox"/> (9) Other (Explain) _____
	<input type="checkbox"/> Professional	_____

NAICS CODE NUMBER	STATE OF INCORPORATION	MICHIGAN CORPORATION NUMBER
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7. DATE YOU FIRST PAID WAGES SUBJECT TO GRAND RAPIDS WITHHOLDING	CONTACT PERSON FOR WITHHOLDING TAX QUESTIONS (Name and Phone)
NUMBER OF EMPLOYEES SUBJECT TO GRAND RAPIDS WITHHOLDING	

8. REASON FOR REGISTRATION

<input type="checkbox"/> Started a new business on _____	<input type="checkbox"/> Reinstating an old business. Old account no. _____
<input type="checkbox"/> Incorporated an existing business	<input type="checkbox"/> Started doing business in Grand Rapids
<input type="checkbox"/> Purchased a going business. Complete item 9 below.	<input type="checkbox"/> Other (explain) _____

9. NAME OF PREVIOUS OWNER OR CORPORATION

WILL THE PREVIOUS OWNER CONTINUE TO HAVE EMPLOYEES SUBJECT TO GRAND RAPIDS INCOME TAX WITHHOLDING? YES NO

10. DO YOU CLOSE YOUR BOOKS FOR TAX PURPOSES (FOR THE YEAR) ON DECEMBER 31?

YES NO If no, give closing month and day:

11. SIGNATURE (of officer or owner who controls or is responsible for filing Returns and making payment of Grand Rapids taxes.)	TITLE
TYPE OR PRINT NAME	DATE
SIGNATURE	TITLE
TYPE OR PRINT NAME	DATE

Revised 06/14/2006

GR-SS-4
 Questions on this application? Call the Income Tax Department at (616) 456-3415

MAIL
 TO:

CITY OF GRAND RAPIDS
 INCOME TAX DEPARTMENT
 P.O. BOX 347
 GRAND RAPIDS, MI 49501-0347