GR-SS-4

PLEASE TYPE OR PRINT

City of Grand Rapids

INCOME TAX DEPARTMENT

Employer's Withholding Registration

GR-SS-4

PLEASE TYPE OR PRINT

Part I. Identification and addresses of employer or certified professional employer organization

☐ 1. Employer application	☐ 2. Certified professional employer organization (CPEO) co-employer application		
3. Complete company name (include, if applicable, Corp., Inc., LLC, etc.)			4. Federal Employer Identification Number
5. Business name, assumed name or DBA (if used)			6. Business phone number
LEGAL ADDRESS	7. Enter street number and name (include apartment or suite number after street name)		
	8. Enter Address Line 2:		
	9. City	10. State	11. Zip Code
MAILING ADDRESS	12. Enter street number and name (include apartment or suite number after street name)		
	13. Enter Address Line 2:		
	14. City	15. State	16. Zip Code
PHYSICAL ADDRESS OF PROJECT OR ACTIVITY IN CITY	17. Enter street number and name (include apartment or suite number after street name)		
	18. Enter Address Line 2:		
	19. City	20. State	21. Zip Code

Part II. General information

1. Date first wages subject to city withholding paid 1a.
2. Number of employees subject to city withholding 2a.
3. Reasons for filing withholding registration
   - ☐ 4. Started a new business; enter date 4a.
   - ☐ 5. Incorporated an existing busines
   - ☐ 6. Purchased a going business (complete items 11 and 12 below)
   - ☐ 7. Reinstated old business; enter old FEIN 7a.
   - ☐ 8. Started "doing business" in city; enter date 8a.
   - ☐ 9. CPEO with new client in the city. Enter client's FEIN on line 9a and complete items 11 and 12 below 9a.
   - ☐ 10. Other (explain) 10a.

11. Name of previous owner or PEO's client	12. Will the previous owner or PEO's client continue to have employees subject to city income tax withholding ☐ 12a. Yes ☐ 12b. No

13. Does your tax year end in December 31 ☐ 13a. Yes ☐ 13b. No If no, provide the fiscal year end month and day 13c. Month (MM) Day (DD)

Part. III. Income tax withholding - Filing and payment of income tax withheld

Check box below to indicate how withholding tax returns are prepared and filed

- ☐ 1. Our withholding tax returns are prepared in house, filed and paid and all returns and Forms W-2 are filed and paid under our FEIN
- ☐ 2. A common paymaster prepares our withholding tax returns:
  Withholding tax is paid under FEIN 2a.
  Forms W-2 are filed under FEIN 2b.
- ☐ 3. A payroll services provider prepares our withholding tax returns and Forms W-2. Returns and Forms W-2 are filed and paid under our FEIN
- ☐ 4. A payroll reporting agent is authorized to prepare our withholding tax returns and Forms W-2 which are filed and paid by the agent under our FEIN. Attach a copy of Form 8655 filed with the IRS. **ATTACH A COMPLETED FORM CF-8655 AS PART OF THIS REGISTRATION**
- ☐ 5. An IRC Section 3504 agent is authorized to prepare, file and pay our withholding tax returns and Forms W-2; all withholding tax returns and Forms W-2 are filed under the agents FEIN. Attach a copy of federal Form 2678. **ATTACH A COMPLETED FORM CF-2678 AS A PART OF THIS REGISTRATION**
- ☐ 6. A professional employer organization is authorized under a PEO agreement to prepare, file and pay our withholding tax returns and Forms W-2 under their FEIN. Attach a copy of the PEO agreement. A certified PEO must be registered with the city as a co-employer liable for filing and payment of withholding tax
- ☐ 7. We are a CPEO preparing, filing and paying or clients city withholding tax under our FEIN. Attach a copy of the IRS certification.

Complete company name (include, if applicable, Corp., Inc., LLC, etc.)	Federal Employer Identification Number

Part IV. Type of business ownership (Check all boxes that apply)

- ☐ 1. Individual/Sole Proprietorship (Identify owner in Part III below)
- ☐ 2. General Partnership (Identify all partners in Part III below)
- ☐ 3. Limited Partnership (LP) (Identify general partners in Part III below)
- ☐ 4. Professional Limited Liability
- ☐ 5. Partnership (LLP) (Identify all General Partners in Part III below)
- ☐ 6. Limited Liability Company (LLC) (Identify all members in Part III below)
- ☐ 7. Professional Limited Liability Company (PLLC) (Identify all members in Part III below)
- ☐ 8. Michigan Corporation (Identify all corporation officers in Part III below)
  - ☐ 8a. Michigan Subchapter S Corporation
  - ☐ 8b. Michigan Professional Corporation
- ☐ 9. Foreign (Non-Michigan) Corporation (Identify all corporation officers in Part III below)
  - ☐ 9a.Foreign Subchapter S Corporation
- ☐ 10. Nonprofit Corporation (Identify all corporation officers in Part III below)
- ☐ 11. Government
- ☐ 12. Estate (Identify estate administrator or personal representative in Part III below)
- ☐ 13. Trust (Identify trustee in Part III below)
- ☐ 14. Other (explain)

Part V. Identification of each owner, partner, member or corporate officer (Attach Part VII if more than 2)

1a. Name (last, first middle, suffix)			1g. Home Telephone Number
1b. Business Title			1h. Date of Birth
1c. Residence Address (street number and name including apartment number after street name)			1i. Social Security Number
1d. City	1e. State	1f. Zip Code	1j. Drivers License Number/ ST ID Number
2a. Name (last, first middle, suffix)			2g. Home Telephone Number
2b. Business Title			2h. Date of Birth
2c. Residence Address (street number and name including apartment number after street name)			2i. Social Security Number
2d. City	2e. State	2f. Zip Code	2j. Drivers License Number/ ST ID Number

Part VI. Contact information

1. Contact person for withholding tax questions	2. E-mail address of contact person
3. Phone number for contact person above. 4a.	

Part VII. Signature area

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

1a. Signature (owner, member or officer who controls or is responsible for filing withholding tax returns and paying the income tax withheld)	1b. Title
1c. Type or print name of person signing above	1d. Date

Mail to: Grand Rapids Income Tax Dept. PO Box 347 Grand Rapids, MI 49501-0347

Information collected on this form is confidential pursuant to MCL 141.674(1), Michigan Uniform City Income Tax Ordinance; Sec.74(1). Information gained by the administrator, city treasurer or any other city official, agent or employee as a result of a return, investigation, hearing or verification required or authorized by this ordinance is confidential, except for official purposes in connection with the administration of the ordinance and except in accordance with a proper judicial order.

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

Complete company name (include, if applicable, Corp., Inc., LLC, etc.)	Federal Employer Identification Number

Part VII. Identification of each owner, partner, member or corporate officer (Part V Continued)

3a. Name (last, first middle, suffix)			3g. Home Telephone Number
3b. Business Title			3h. Date of Birth
3c. Residence Address (street number and name including apartment number after street name)			3i. Social Security Number
3d. City	3e. State	34f. Zip Code	3j. Drivers License Number/ ST ID Number
4a. Name (last, first middle, suffix)			4g. Home Telephone Number
4b. Business Title			4h. Date of Birth
4c. Residence Address (street number and name including apartment number after street name)			4i. Social Security Number
4d. City	4e. State	4f. Zip Code	4j. Drivers License Number/ ST ID Number
5a. Name (last, first middle, suffix)			5g. Home Telephone Number
5b. Business Title			5h. Date of Birth
5c. Residence Address (street number and name including apartment number after street name)			5i. Social Security Number
5d. City	5e. State	5f. Zip Code	5j. Drivers License Number/ ST ID Number
6a. Name (last, first middle, suffix)			6g. Home Telephone Number
6b. Business Title			6h. Date of Birth
6c. Residence Address (street number and name including apartment number after street name)			6i. Social Security Number
6d. City	6e. State	6f. Zip Code	6j. Drivers License Number/ ST ID Number
7a. Name (last, first middle, suffix)			7g. Home Telephone Number
7b. Business Title			7h. Date of Birth
7c. Residence Address (street number and name including apartment number after street name)			7i. Social Security Number
7d. City	7e. State	7f. Zip Code	7j. Drivers License Number/ ST ID Number
8a. Name (last, first middle, suffix)			8g. Home Telephone Number
8b. Business Title			8h. Date of Birth
8c. Residence Address (street number and name including apartment number after street name)			8i. Social Security Number
8d. City	8e. State	8f. Zip Code	8j. Drivers License Number/ ST ID Number