

GR-SS-4

City of Grand Rapids

GR-SS-4

PLEASE TYPE OR PRINT

INCOME TAX DEPARTMENT

Employer's Withholding Registration

PLEASE TYPE OR PRINT

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

Form with fields for Employer application, Certified professional employer organization, Complete company name, Federal Employer Identification Number, Business name, Business phone number, LEGAL ADDRESS (7-11), MAILING ADDRESS (12-16), and PHYSICAL ADDRESS OF PROJECT OR ACTIVITY IN CITY (17-21).

Part II. General information

Form with fields for Date first wages subject to city withholding paid, Number of employees subject to city withholding, Reasons for filing withholding registration, Name of previous owner or PEO's client, Will the previous owner or PEO's client continue to have employees subject to city income tax withholding, Does your tax year end in December 31.

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

Form with instructions: Check box below to indicate how withholding tax returns are prepared and filed. Includes options for in-house filing, common paymaster, payroll services provider, payroll reporting agent, IRC Section 3504 agent, professional employer organization, and CPEO.

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)

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

Mail to: Grand Rapids Income Tax Dept. PO Box 347 Grand Rapids, MI 49501-0347 Phone 616-456-3415 option 4, fax 616-456-4540

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 Option 4 email grwhtax@grcity.us.