

CITY OF BIG RAPIDS EMPLOYER REGISTRATION

IF YOU SUBMIT CITY OF BIG RAPIDS INCOME TAX WITHHOLDING YOU MUST COMPLETELY FILL THIS REGISTRATION FORM OUT

BUSINESS NAME:

FEIN/SSN:

DBA NAME (IF DIFFERENT FROM ABOVE):

NAME & FEIN/SSN INCOME TAX RETURN IS FILED UNDER:

MAILING ADDRESS:

LOCAL ADDRESS (IF APPLICABLE):

TELEPHONE NUMBER:

PRINCIPAL BUSINESS ACTIVITY:

TYPE OF ORGANIZATION (PLEASE CIRCLE):

SOLE PROPRIETORSHIP
(FILES SCHEDULE C)

PARTNERSHIP
(FILES FORM 1065)

CORPORATION
(FILES FORM 1120)

NON-PROFIT
(DOES NOT FILE)

NAME & SSN OF OWNER:

(OR PARTNERS IF INCOME IS CLAIMED ON INDIVIDUAL RETURN)

DATE BUSINESS WAS ACQUIRED:

DATE BUSINESS OPENED:

WAS THE BUSINESS PREVIOUSLY OPERATED BY ANOTHER EMPLOYER?

YES

NO

PREVIOUS OWNER NAME AND FEIN/SSN (IF KNOWN):

SIGNATURE:

TITLE:

DATE:

COMPLETE THIS SECTION ONLY IF YOU ARE SUBJECT TO CITY OF BIG RAPIDS WITHHOLDING

BUSINESS WITHHOLDING NAME AND FEIN:

TAXABLE YEAR:

NUMBER OF EMPLOYEES:

DATE FIRST WAGES PAID THAT ARE SUBJECT TO BIG RAPIDS WITHHOLDING:

RETURN TO: CITY OF BIG RAPIDS, INCOME TAX OFFICE, 226 NORTH MICHIGAN AVE, BIG RAPIDS, MI 49307