

EMPLOYER'S REGISTRATION

Please print all information

BUSINESS NAME _____ FEDERAL ID# OR SS# _____

DBA NAME (If different than business name) _____

NAME AND ID# INCOME TAX FORM IS FILED UNDER _____

MAILING ADDRESS _____

LOCAL ADDRESS (If applicable) _____

TELEPHONE # _____

PRINCIPAL BUSINESS ACTIVITY _____

TYPE OF ORGANIZATION _____ Sole Proprietorship _____ Partnership _____ Corporation _____ Non-Profit _____
(Files Schedule C) (Files form 1065) (Files form 1120) (Does not file)

NAME AND SOCIAL SECURITY # OF OWNER _____

(Or partners if income is claimed on individual form)

DATE BUSINESS ACQUIRED _____

WAS THIS BUSINESS PREVIOUSLY OPERATED BY ANOTHER EMPLOYER? YES NO

PREVIOUS OWNER NAME AND ID# (If known) _____

SIGNATURE _____ TITLE _____ DATE _____

**COMPLETE THIS SECTION ONLY IF YOU ARE SUBJECT TO CITY OF BIG RAPIDS WITHHOLDING
OR WOULD LIKE TO WITHHOLD AS A NON-RESIDENT EMPLOYER**

BUSINESS WITHHOLDING NAME AND ID# _____

TAXABLE YEAR _____ NUMBER OF EMPLOYEES _____

DATE FIRST WAGES PAID THAT WERE SUBJECT TO BIG RAPIDS WITHHOLDING _____

RETURN TO:

**CITY OF BIG RAPIDS
INCOME TAX DEPARTMENT
226 N. Michigan Avenue
Big Rapids MI 49307
(231)592-4012**