

## 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:

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 OR WOULD LIKE TO WITHHOLD AS A NON-RESIDENT EMPLOYER**

BUSINESS WITHHOLDING NAME AND FEIN:

TAXABLE YEAR:

NUMBER OF EMPLOYEES:

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

RETURN TO: **CITY OF BIG RAPIDS, INCOME TAX PROCESSING CENTER, PO BOX 536, EATON RAPIDS, MI 48827-0536**