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Employer's Withholding Registration

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

| | | | |
|---|--|---|---|
| <input type="checkbox"/> 1. Employer application | | <input type="checkbox"/> 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. | <input type="text"/> | <input type="checkbox"/> 7. Reinstated old business; enter old FEIN 7a. | <input type="text"/> |
| 2. Number of employees subject to city withholding 2a. | <input type="text"/> | <input type="checkbox"/> 8. Started "doing business" in city; enter date 8a. | <input type="text"/> |
| 3. Reasons for filing withholding registration | | <input type="checkbox"/> 9. CPEO with new client in the city. Enter client's FEIN on line 9a and complete items 11 and 12 below 9a. | |
| <input type="checkbox"/> 4. Started a new business; enter date 4a. | <input type="text"/> | <input type="checkbox"/> 10. Other (explain) 10a. | |
| <input type="checkbox"/> 5. Incorporated an existing business | | | |
| <input type="checkbox"/> 6. Purchased a going business (complete items 11 and 12 below) | | | |
| 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 | Month (MM) Day (DD) | | |
| <input type="checkbox"/> 13a. Yes <input type="checkbox"/> 13b. No If no, provide the fiscal year end month and day | 13c. | <input type="text"/> | <input type="text"/> |

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

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| <input type="checkbox"/> 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 | <input type="checkbox"/> 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. <u>Attach a copy of federal Form 2678. ATTACH A COMPLETED FORM EL-2678 AS A PART OF THIS REGISTRATION</u> |
| <input type="checkbox"/> 2. A common paymaster prepares our withholding tax returns: Withholding tax is paid under FEIN 2a. <input type="text"/> Forms W-2 are filed under FEIN 2b. <input type="text"/> | <input type="checkbox"/> 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. <u>Attach a copy of the PEO agreement.</u> A certified PEO must be registered with the city as a co-employer liable for filing and payment of withholding tax |
| <input type="checkbox"/> 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 | <input type="checkbox"/> 7. We are a CPEO preparing, filing and paying or clients city withholding tax under our FEIN. <u>Attach a copy of the IRS certification.</u> |
| <input type="checkbox"/> 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. <u>Attach a copy of Form 8655 filed with the IRS. ATTACH A COMPLETED FORM EL-8655 AS PART OF THIS REGISTRATION</u> | |

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| Complete company name (include, if applicable, Corp., Inc., LLC, etc.) | Federal Employer Identification Number |
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Part IV. Type of business ownership (Check all boxes that apply)

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| <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 VIII 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

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

Part VII. Signature area

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| 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: East Lansing Income Tax Withholding
410 Abbot Rd, East Lansing, MI 48823

Form EL-SS-4, page 2, revised 10/26/2018

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.

EL-SS-4 Questions about this application? Call the Income Tax Department at 517.319.6862

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| Complete company name (include, if applicable, Corp., Inc., LLC, etc.) | Federal Employer Identification Number |
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Part VIII. Identification of each owner, partner, member or corporate officer (Part V Continued)

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|---|-----------|---------------|--|
| 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 |