GR-SS-4

PLEASE TYPE OR PRINT

City of Grand Rapids INCOME TAX DEPARTMENT

Employer's Withholding Registration

GR-SS-4

PLEASE TYPE **OR PRINT**

1. Employe	fication and addresses of employer or certified professional employer organization er application 2. Certified professional employer organization (CPEO) co-employer application						
3. Complete company name (include, if applicable, Corp., Inc., LLC, etc.)				4. Federal Er	4. Federal Employer Identification Number		
5. Business name,	assumed name or DBA (if used	l)		6. Business	6. Business phone number		
	7. Enter street number and na	ame (include apartmen	t or suite number after street	name)			
LEGAL	8. Enter Address Line 2:						
ADDRESS							
	9. City			10. State	11. Zip Code		
	12. Enter street number and name (include apartment or suite number after street name)						
MAILING	13. Enter Address Line 2:						
ADDRESS							
	14. City			15. State	16. Zip Code		
	17.5						
PHYSICAL	17. Enter street number and name (include apartment or suite number after street name)						
ADDRESS OF	40. Fatan Addison Line C						
PROJECT OR	18. Enter Address Line 2:						
ACTIVITY	40.0%			00 04-4-	04 7:- 01-		
IN CITY	19. City			20. State	21. Zip Code		
2-mt II	-1 :f4:						
	al information subject to city withholding paid	10	7 Deinstated ald hu	ainaga, antar ald FF	IN7.0		
-	subject to city withlolding paid byees subject to city withholding		7. Reinstated old but	*			
•	g withholding registration	Za	8. Started "doing bus		er client's FEIN on line 9a and		
		4a.			9a.		
4. Started a new business; enter date complete items 11 and 12 below 9a. 5. Incorporated an existing busines 10. Other (explain) 10a.					Ju.		
	a going business (complete ite	ms 11 and 12 helow)	10. Other (explain)	100.			
	is owner or PEO's client	mo 11 and 12 bolow)	12. Will the previous owner	or PEO's client con	tinue to 12a. Yes		
T. Hamo of provide	io owner or r 200 oneric		have employees subject		<u> </u>		
3. Does your tax ve	ear end in December 31			th (MM) Day (DD)	120110		
13a. Yes	13b. No If no, provide the	fiscal year end month			1		
1 1 100							
Part. III. Incon	ne tax withholding - F	iling and payme	ent of income tax wi	thheld			
	indicate how withholding tax ref						
1. Our withho	olding tax returns are prepared in	n house, filed and paid	5. An IRC Section	on 3504 agent is aut	thorized to prepare, file and pa		
and all ret	urns and Forms W-2 are filed ar	nd paid under our FEIN	our withholdin	g tax returns and Fo	orms W-2; all withholding tax		
2. A common paymaster prepares our withholding tax returns: returns and Forms W-2 are filed under the agents FEIN. At							
Withholding tax is paid under FEIN 2a. copy of federal Form 2678. ATTACH A COMPLETED FO							
	2 are filed under FEIN 2b.		CF-2678 AS A	A PART OF THIS R	EGISTRATION		
3. A payroll services provider prepares our withholding tax returns			· —	6. A professional employer organization is authorized under a PEC			
	W-2. Returns and Forms W-2				ay our withholding tax returns		
our FEIN		·	· ·		. Attach a copy of the PEO		
4. A payroll re	eporting agent is authorized to p	repare our withholding			be registered with the city as		
	and Forms W-2 which are filed				payment of withholding tax		
	FEIN. Attach a copy of Form 86	. , ,			and paying or clients city		
	A COMPLETED FORM CF-865				Attach a copy of the IRS		
REGISTR	ATION		certification.				

Complete company name (include, if applicable, Corp., li		Federal Employer Identification Number		
Part IV Type of business ownership ((Check all box	res that apply)		
Part III below) 2. General Partnership (Identify all partners in Part III below) 3. Limited Partnership (LP) (Identify general partners in Part III below) 4. Professional Limited Liability 5. Partnership (LLP) (Identify all General Partners in Part III below) 6. Limited Liability Company (LLC) Part III below) 8a. Michigan S 9b. Michigan S 0fficers in Part III 9coreign (Non-Mice officers in Part III 10. Nonprofit Corporate III 11. Government			tpter S Corporation n (Identify all corporation officers in te administrator or personal nt III below) e in Part III below)	
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 includi	mber 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 mornation Contact person for withholding tax questions Phone number for contact person above. 4a.		2. E-mail address of contact person		
Part VII. Signature area Under penalties of perjury, I declare that I have true, correct, and complete. 1a. Signature (owner, member or officer who controls or filing withholding tax returns and paying the income to	is responsible fo		pest of my knowledge and belief, it is	
1c. Type or print name of person signing above		1d. Date	1d. Date	
Mail to: Grand Rapids Income Tax Dept. PO E	Box 347 Gran	d Rapids, MI 49501-0347	Form GR-SS-4, page 2, revised 12/21/2015	

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.

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Part VII. Identification of each own	er, partner, member	or corporate officer (P	
3a. Name (last, first middle, suffix)			3g. Home Telephone Number
3b. Business Title	3h. Date of Birth		
3c. Residence Address (street number and na	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
4a. Name (last, liist middle, sumx)	4g. Home Telephone Number		
4b. Business Title			4h. Date of Birth
4c. Residence Address (street number and na	ame including apartment ηι	umber 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
Ja. Name (last, list middle, sumx)			Sg. Florite Telephone Number
5b. Business Title			5h. Date of Birth
5c. Residence Address (street number and na	ame including apartment nu	ımber 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
od. Name (last, list made, same)			og. Florite Felephone Rumber
6b. Business Title		6h. Date of Birth	
6c. Residence Address (street number and na	6i. Social Security Number		
0.1.00			S. D
6d. City	6e. State	6f. Zip Code	6j. Drivers License Number/ ST ID Number
7a. Name (last, first middle, suffix)			7g. Home Telephone Number
The man (last, met mans, summ,	Tg. Florid Folephione Flambor		
7b. Business Title		7h. Date of Birth	
7c. Residence Address (street number and na	7i. Social Security Number		
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7d. City	7e. State	7f. Zip Code	7j. Drivers License Number/ ST ID Number
8a. Name (last, first middle, suffix)			8g. Home Telephone Number
(32.,			og/ vome veriphone values
8b. Business Title	8h. Date of Birth		
8c. Residence Address (street number and na	8i. Social Security Number		
8d. City	8e. State	8f. Zip Code	8j. Drivers License Number/ ST ID Number
ou. Oity	l oe. State	l oi. Zip Gode	OJ. DIIVEIS LICEIISE NUITIDEI/ ST ID NUITIDEI

Complete company name (include, if applicable, Corp., Inc., LLC, etc.)

Federal Employer Identification Number