

PLEASE TYPE
OR PRINT

City of Muskegon
INCOME TAX DEPARTMENT

PLEASE TYPE
OR PRINT

M-SS-4

Employer's Withholding Registration

1. FEDERAL EMPLOYER IDENTIFICATION NUMBER

2. COMPLETE COMPANY NAME (Include, if applicable, Corp., Inc., L.C., etc.)

3. BUSINESS NAME, ASSUMED NAME OR DBA (if used)

LEGAL ADDRESS	4A. THIS ADDRESS IS WHERE ALL LEGAL CONTACT SHOULD BE MADE. ENTER NUMBER AND STREET.	BUSINESS TELEPHONE
	CITY, STATE, ZIP	
MAILING ADDRESS	4B. THIS ADDRESS IS WHERE MUSKEGON WILL SEND ALL TAX FORMS. ENTER NUMBER AND STREET.	
	CITY, STATE, ZIP	
PHYSICAL ADDRESS IN MUSKEGON	4C. THIS ADDRESS IS THE ACTUAL LOCATION OF THE BUSINESS IN MUSKEGON. ENTER NUMBER AND STREET.	
	CITY, STATE, ZIP	

Complete all information for each owner, partner, member or corporate officer. Attach a separate list if necessary.

5A. NAME (Last, First, Middle, Jr./Sr./III)	HOME TELEPHONE
BUSINESS TITLE	DATE OF BIRTH
RESIDENCE ADDRESS (Number, Street)	SOCIAL SECURITY NUMBER
CITY, STATE, ZIP	DRIVER LICENSE/MICHIGAN IDENTIFICATION
5B. NAME (Last, First, Middle, Jr./Sr./III)	HOME TELEPHONE
BUSINESS TITLE	DATE OF BIRTH
RESIDENCE ADDRESS (Number, Street)	SOCIAL SECURITY NUMBER
CITY, STATE, ZIP	DRIVER LICENSE/MICHIGAN IDENTIFICATION

COMPLETE THIS REGISTRATION IF REQUIRED TO WITHHOLD OR VOLUNTARILY WITHHOLDING AND:

- 1) Started a new business; or
- 2) Reinstated an old business; or
- 3) Purchased a going business; or
- 4) Started doing business in Muskegon; or
- 5) Changed the type of business ownership (eg: from sole proprietorship to partnership or incorporating a sole proprietorship or partnership).

FILL OUT THIS REGISTRATION FORM COMPLETELY.

- The SIC Code Number requested in Section 6 is the Standard Industrial Classification Group Number.
- Check to see that necessary signature(s) is/are affixed in Section 11.
- Mail the completed registration to the address on reverse side.

EMPLOYERS REQUIRED TO REGISTER AND WITHHOLD

- 1) Employers having a location in the City of Muskegon; or
- 2) Employers doing business in the City of Muskegon even though having no location in the City.

EMPLOYEES TO WITHHOLD FROM

- 1) All residents of the City of Muskegon whether or not they work inside the city;
- 2) All nonresidents of the City of Muskegon who work in Muskegon (withhold only on wages earned in Muskegon).

For further information refer to the Income Tax Ordinance, the Withholding Tax Guide or call the Income Tax Department at (231) 724-6770.

You will receive your pre-identified withholding tax forms in two to three weeks after your registration is processed. If you need other City of Muskegon tax forms or large quantities of this registration form, please call (231) 724-6770.

6. TYPE OF BUSINESS OWNERSHIP (check one only)		
<input type="checkbox"/> (1) Individual <input type="checkbox"/> (2) Partnership <input type="checkbox"/> (2) Registered Partnership Agreement Date: _____ <input type="checkbox"/> (2) Limited Partnership Identify all general partners above.	<input type="checkbox"/> (2) Limited Liability Co. <input type="checkbox"/> Domestic (Michigan) <input type="checkbox"/> Professional <input type="checkbox"/> Foreign (Non-Michigan) <input type="checkbox"/> (3) Michigan Corporation <input type="checkbox"/> (1) Subchapter S <input type="checkbox"/> (2) Professional	<input type="checkbox"/> (3) Non-MI Corporation <input type="checkbox"/> (1) Subchapter S <input type="checkbox"/> (4) Non-Profit Corporation <input type="checkbox"/> (5) Government <input type="checkbox"/> (6) Trust or Estate (Fiduciary) <input type="checkbox"/> (9) Other (Explain) _____
SIC CODE NUMBER	STATE OF INCORPORATION	MICHIGAN CORPORATION NUMBER
7. DATE YOU FIRST PAID WAGES SUBJECT TO MUSKEGON WITHHOLDING		CONTACT PERSON FOR WITHHOLDING TAX QUESTIONS (Name and Phone)
NUMBER OF EMPLOYEES SUBJECT TO MUSKEGON WITHHOLDING		
8. REASON FOR REGISTRATION		
<input type="checkbox"/> Started a new business on _____ <input type="checkbox"/> Incorporated an existing business <input type="checkbox"/> Purchased a going business. Complete Item 9 below.		
<input type="checkbox"/> Reinstating an old business. Old account no. _____ <input type="checkbox"/> Started doing business in Muskegon <input type="checkbox"/> Other (explain) _____		
9. NAME OF PREVIOUS OWNER OR CORPORATION		
WILL THE PREVIOUS OWNER CONTINUE TO HAVE EMPLOYEES SUBJECT TO MUSKEGON WITHHOLDING TAX?		
10. DO YOU CLOSE YOUR BOOKS FOR TAX PURPOSES (FOR THE YEAR) ON DECEMBER 31? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give closing month and day: _____		
11. SIGNATURE OF OWNER(S) – 2 PARTNERS, 2 CORPORATE OFFICERS OR AUTHORIZED REPRESENTATIVE		
SIGNATURE (of officer or owner who controls or is responsible for filing returns and making payment of Muskegon taxes.)	TITLE	
TYPE OR PRINT NAME	DATE	
SIGNATURE	TITLE	
TYPE OR PRINT NAME	DATE	

M-SS-4

Questions on this application? Call the Income Tax Department at (231) 724-6770.

PLEASE PROVIDE THE EMAIL ADDRESS OF THE PRIMARY CONTACT PERSON
EMAIL ADDRESS _____

MAIL TO:

CITY OF MUSKEGON
 INCOME TAX DEPARTMENT
 P.O. BOX 29
 MUSKEGON, MI 49443-0029