## 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		
i. Business name,	assumed name or DBA (if	used)		6. Business	6. Business phone number		
	7. Enter street number a	nd name (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				1.5			
	14. City			15. State	16. Zip Code		
	A7 Fatanatooti oo l	and name (incl. 1)					
PHYSICAL	17. Enter street number and name (include apartment or suite number after street name)						
ADDRESS OF	18. Enter Address Line 2						
PROJECT OR	18. Enter Address Line 2						
ACTIVITY	19. City			20. State	21. Zip Code		
IN CITY	19. Gity			20. State	Z1. Zip Gode		
4. Started a r 5. Incorporate 6. Purchased 1. Name of previou	g withholding registration new business; enter date ed an existing busines I a going business (comple is owner or PEO's client	4a. te items 11 and 12 below)	complete items 1 10. Other (explain) 12. Will the previous owner have employees subject	11 and 12 below 10a. or PEO's client con	<u> </u>		
13a. Yes	ear end in December 31	e the fiscal year end month		(IVIIVI) Day (DD)	1		
130.165	1 100. 140 11 110, p10410	o ano nobal your end month	ana day 130.		<u> </u>		
Part III Incon	ne tax withholding	- Filing and navme	ent of income tax wi	thheld			
		ax returns are prepared and					
	ŭ	red in house, filed and paid		on 3504 agent is aut	horized to prepare, file and pa		
		ed and paid under our FEIN		our withholding tax returns and Forms 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. A							
Withholding tax is paid under FEIN 2a. copy of federal Form 2678. ATTACH A COMPLETED FO							
Forms W-	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 professiona	6. A professional employer organization is authorized under a PEC			
		W-2 are filed and paid unde	er agreement to	prepare, file and pa	ay our withholding tax returns		
our FEIN			and Forms W	-2 under their FEIN	. Attach a copy of the PEO		
4. A payroll re	eporting agent is authorize	d to prepare our withholding	agreement. A	certified PEO must	be registered with the city as		
tax returns	and Forms W-2 which are	filed and paid by the agent	co-employer	liable for filing and p	ayment of withholding tax		
under our	FEIN. Attach a copy of For	m 8655 filed with the IRS.	7. We are a CPE	O preparing, filing	and paying or clients city		
ATTACH A	A COMPLETED FORM CF	-8655 AS PART OF THIS	withholding ta	ax under our FEIN. <u>/</u>	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 Substitution 99. Foreign (Non-Michigan III) 99. Foreign (Non-Michigan III) 10. Nonprofit Corporate IIII below) 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 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		
7.1 0%	7: Drivers Lieuwe Norther CT ID Norther		
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
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Complete company name (include, if applicable, Corp., Inc., LLC, etc.)

Federal Employer Identification Number