

CITY OF PORT HURON INCOME TAX REGISTRATION

1. Federal employer identification number (FEIN)	2. Type of Business Ownership (check one only) <input type="checkbox"/> Individual owner Owner's full name <hr/> Owner's social security number <hr/> <input type="checkbox"/> Partnership <input type="checkbox"/> Subchapter S Corp. <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Other - explain:
3. Complete company name (include if applicable, Corp., Inc., P.C., etc.)	
4. Mailing address (this is the address where forms and correspondence will be mailed)	
5. Withholding address (if you want withholding forms sent to a different address)	

List all locations of your business in the City of Port Huron (attach a separate sheet if necessary)

If you have no business location in the city, state "None"

6A. Business name in Port Huron (DBA)	Approximate number of employees
Address in Port Huron (number and street)	
6B. Business name in Port Huron (DBA)	Approximate number of employees
Address in Port Huron (number and street)	
6C. Business name in Port Huron (DBA)	Approximate number of employees
Address in Port Huron (number and street)	

7. Briefly describe your business activity

8. Do you close your tax books on December 31? No Yes If no, give month of closing

9. Was this business previously operated by another employer? No Yes

If yes, previous owners name	Previous owners FEIN (if known)
------------------------------	---------------------------------

If we have questions about this form who should we call?

Name	Telephone number & area code
------	------------------------------

Type or print the name of owner or officer responsible for filing tax returns	Title
Signature	Date