City of Portland Income Tax Department

P-SS-4 Employer's Withholding Registration

1.	FEDERAL EMPLOYER IDENTIFICATION NUMBER

2. Complete Company Name (Include, if applicable, Corp., Inc., L.L.C., etc.)						
3. Business Name, Assumed Name of DBA (If used)						
LEGAL	4A. Enter Number and Street (Address to which correspondence is mailed.)	Business Telephone				
ADDRESS						
	City, State, Zip					
MAILING	4B. Enter Number and Street. (Address to which tax forms are mailed.)					
ADDRESS						
	City, State, Zip					
PHYSICAL	PHYSICAL 4C Enter Number and Street. (Address of physical location in the City of Portland.)					
ADDRESS IN						
PORTLAND	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 Initial)	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 Initial)	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 an ongoing business; or
- 4) Started doing business in Portland; or
- 5) Changed the type of business ownership (eg: from sole proprietorship to partnership, incorporating a sole proprietorship or partnership)

EMPLOYERS REQUIRED TO REGISTER AND WITHHOLD:

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

WITHHOLD TAX FROM WAGES PAID TO THE FOLLOWING EMPLOYEES:

- 1) All residents of the City of Portland whether or not they work in the city;
- 2) All non-residents of the City of Portland who work in Portland (withhold only on wages earned in Portland) For further information refer to the Income Tax Ordinance or call the Income Tax Department at (517) 647-2941. Tax Forms are also on our website, www.portland-michigan.org.

6. TYPE OF BUSINESS OWNERSHIP (CHECK ONE ONLY)					
(1) Individual (2) Partnership Registered Partnership Agreement Date: Limited Partnership Identify all general partners above. (3) Limited Liability Co. (4) Corporation Sub Chapter S Professional (5) Non-Profit Corporation (6) Government (7) Trust or Estate (Fiduciary) (8) Other (Explain)					
State of Incorporation	Michigan Corporation Number				
7. DATE YOU FIRST PAID WAGES SUBJECT TO PORTLAND WITHHOLDING NUMBER OF EMPLOYEES SUBJECT TO PORTLAND WITHHOLDING	CONTACT PERSON FOR WITHHOLDING TAX QUESTIONS (NAME AND PHONE)				
8. REASON FOR REGISTRATION Started a new business on Incorporated an existing business Purchased a going business. Complete item 9 below. Reinstated an old business. Old account no Stated doing business in Portland Other (explain)					
9. NAME OF PREVIOUS OWNER OF CORPORATION					
WILL THE PREVIOUS OWNER CONTINUE TO HAVE EMPLOYEES SUBJET TO THE PORTLAND INCOME TAX WITHHOLDING? YES NO					
10. DO YOU CLOSE YOUR BOOKS FOR TAX PURPOSES (FOR THE YEAR) ON DECEMBER 31 ST ?					
11. SIGNATURE (of the officer or owner who controls or is responsible for filing Returns, and making payments of Portland taxes.)	TITLE				
TYPE OR PRINT NAME	DATE				
SIGNATURE	TITLE				
TYPE OR PRINT NAME	DATE				

Revised 10/2012

P-SS-4 Questions on this application? Call the Income Tax Department at (517) 647-2941

Mail To: City of Portland

City of Portland Income Tax Department 259 Kent Street Portland, MI 48875