Please complete and return to: City of Gravling, P.O. Box 549, Gravling, MI 49738

G-SS-4	CITY OF GRAYLING INCOME TAX DI EMPLOYER'S WITHHOLDING REGIS						EMPLOYER'S FEDERAL IDENTIFICATION NUMBER (IF NOT REQUIRED - WRITE "NONE") G.			
	REA	D INSTUCTIONS ON THE	REVERS BEFOR	RE FILLING OUT	THIS FORM					
1. BUSINESS NAME						3. MAILING ADDRESS				
2. EMPLOYER'S NAME (G	BIVE OWNER'S T	RUE NAME IF DIFFEREN	T FROM BUSINE	SS NAME ABOV	E)	4. ADDRESS OF PRINCI	PAL PLACE OF BUSINESS			
5. CHECK TYPE OF ORGA		D PARTNERSHIP		RATION 🗖		HER XPLANATION)	6. LOCAL TELEPHONE NO.		7. NO. OF EMPLOYEES	
8. DATE BUSINESS ACQU EMPLOYER SHOWN IN		MONTH	DAY	YEAR		ate you first paid way o grayling withholdii		MONTH	DAY	YEAR
10. WAS THIS BUSINESS GIVE EMPLOYER'S N		PERATED BY ANOTHER	EMPLOYER?		11. ACCOUNTII	NG PERIOD CALENDAR YEAR	□ FISCAL YEAR ENDING	MONTH		

SIGNATURE

TITLE

G.

EMPLOYER'S FEDERAL IDENTIFICATION NUMBER (IF NOT REQUIRED - WRITE "NONE")

Please complete and return to: City of Grayling, P.O. Box 549, Grayling, MI 49738

G-SS-4	CITY OF GRAYLING INCOME TAX DIVISION	
	EMPLOYER'S WITHHOLDING REGISTRATION	

READ INSTUCTIONS ON THE REVERS BEFORE FILLING OUT T	THIS FORM						
1. BUSINESS NAME	2	3. MAILING ADDRESS					
2. EMPLOYER'S NAME (GIVE OWNER'S TRUE NAME IF DIFFERENT FROM BUSINESS NAME ABOVE)	E) 4	4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS					
5. CHECK TYPE OF ORGANIZATION	OT⊦ ATTACH EX	HER (PLANATION)	6. LOCAL TELEPHONE NO.		7. NO. OF EMPLOYEES		
8. DATE BUSINESS ACQUIRED BY MONTH DAY YEAR EMPLOYER SHOWN IN ITEM 2 ABOVE		TE YOU FIRST PAID WAG GRAYLING WITHHOLDIN		MONTH	DAY	YEAR	
10. WAS THIS BUSINESS PREVIOUSLY OPERATED BY ANOTHER EMPLOYER? GIVE EMPLOYER'S NAME	11. ACCOUNTING	g period Xalendar year	□ FISCAL YEAR ENDIN	G MONTH			

SIGNATURE

TITLE

DATE

DATE

Please complete and return to: City of Grayling, P.O. Box 549, Grayling, MI 49738

G-SS-4 CITY OF GRAYLING INCOME TAX DIVISION EMPLOYER'S WITHHOLDING REGISTRATION

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8. DATE BUSINESS ACQUIRED BY EMPLOYER SHOWN IN ITEM 2 ABOVE	MONTH	DAY	YEAR		DATE YOU FIRST PAID WAG		MONTH	DAY	YEAR	
10. WAS THIS BUSINESS PREVIOUSLY OPERATED BY ANOTHER EMPLOYER? GIVE EMPLOYER'S NAME				11. ACCOUNTII	NG PERIOD CALENDAR YEAR	FISCAL YEAR ENDING	MONTH			

INSTRUCTIONS

Each employer withholding City of Grayling Income Tax from employee's wages should register with the City Treasurer, Income Tax Division. For the convenience of the employer, the Federal Identification Number assigned to the employer by the Federal District Director the Internal Revenue will be used for the City of Grayling Income Tax Division records. If an employer does not have a Federal Identification Number at the time of filing the City of Grayling Income Tax reports, application can be made to the Federal District Director of Internal Revenue on Federal Form SS-4 for a number.

When for any reason the Federal Identification Number is not required, an identification number will be assigned by the City of Grayling Tax Division. If an employer is assigned a Federal Number at a later date, he must notify the City Income Tax Division of the Federal Number assigned. The employer will then be notified to discontinue the City of Grayling Identification Number and use the Federal number for all future city withholding purposes.

Read the instructions for withholding City of Grayling Income Tax.

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