CITY OF IONIA	INCOME TAX DIVISION		PH	616-523-0142
114 KIDD ST	PO BOX 512	IONIA MI 48846	FAX	616-527-0810

DURING DECISED ATION AND EVEN OVERIG DUTING DING DECISED ATION

BUSIN	NESS R	EGISTRATION AND EMPLOY	YER'S WITHHOLDING	<b>G REGISTRATIO</b>
Trade Name:				
Federal ID:				
Mailing Address:				
Owner(s):				
Ionia Address:				
Type of Organizat	tion:	Individual Owner Corporation	Nonprofit Other (Attach Exp	Partnership
Contact Person:			Phone:	
Date Business Ac	Please P quired:			
Date First Paid W	ages Sub	ject to Withholding in Ionia:		
Was Business Pre If Yes, Give Nam	-	Derated by Another Employer?		
Accounting Period	d:	Calendar Year Fiscal Year Ending:		
Please Check One	e:			
	Residen	t Business		
		Located inside Ionia City Limits and/or City Limits. A resident busines is REQ to withhold and remit City Income Tax W-3 with W-2's by FEBRUARY 28 of a filing a return with the City based on inc	UIRED by the Uniform City In on resident and nonresident en each tax year. Business is also	ncome Tax Ordinance nployees and file a responsible for
	Nonresi	dent Business		
		A business withholding Ionia City Incom at a business located outside City Limits withhold from City of Ionia residents we withholding payments and year end W-2 Income Tax Ordinance.	s. This business is requesting to orking at this business and agr	to be allowed to ees to remit quarterly
	Other	Providing services or conducting busine (Example: Contractors, peddlers, fair vo on income earned in Ionia and possible wages earned or employees working ins Income Tax Ordinance.	enders, antique dealers, etc.) I withholdings on employees. M	Responsible for tax Aust at least report

By signing this form, I declare that I understand all or my obligations to the City of Ionia for income tax and that I will abide by the requirements of the Uniform City Income Tax Ordinance and the City of Ionia Income Tax Department rules and regulations. I also declare that the information provided here is to the best of my knowledge true, complete and correct.

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