

REGISTRATION FOR ALBION CITY INCOME TAX

It is important that you complete all items on this registration form. Incomplete information will delay processing. Read all instructions carefully before you begin.

Complete this registration form if you:

- Are starting a new business or reinstating an old business.
- Purchased an existing business.
- Need to register for any of the Albion taxes listed below.
- Changed the type of business (example: from sole proprietorship to partnership, or incorporating a sole proprietorship or partnership).

► Register for Albion withholding tax if you:

- Are an employer located in Albion
- Are located outside Albion and have employees who work in Albion
- Employ an Albion resident, regardless of where the employee's work is performed.

Individual owners and partners cannot remit withholding on their wages. Contact the City of Albion for information and forms for reporting and paying quarterly estimates.

► Register for Albion corporate income tax if the corporation is doing business in the city, whether or not it has an office or place of business in the city and whether or not it has net profits. The corporation must file an annual *City of Albion Corporate Income Tax Return (AL-1120)*.

► Register for Albion partnership income tax if the partnership is doing business in the city, whether or not it has an office or place of business in the city and whether or not it has net profits. The partnership must file an annual *Albion Income Tax Partnership Return (AL-1065)*.

Partnerships have the option to file either an information return or pay the tax which is due with respect to each partner's share of the net profits of the business. The partnership may pay the tax for partners only if it pays for ALL partners subject to tax.

Taxes may be paid by check or ACH payments. Mail completed registration to:

City of Albion
Income Tax Department
112 W Cass St
Albion, MI 49224

Tax forms may be downloaded by going to the city website www.cityofalbionmi.gov then clicking on the link to City Income Tax Forms.

The income tax department may also be reached by phone: 517-629-7865.

REGISTRATION FOR ALBION TAXES

Revised 11/05

1. Federal Employer Identification Number (FEIN) if applicable

2. Complete Company Name or Owner's Full Name (Include, if applicable, Corp., Inc., P.C., L.L.C., L.L.P., ect.)

3. Business Name, Assumed Name or DBA (as registered with the county)

4. Address where all legal contact should be made. Enter number and street.

Business Telephone

City, State, ZIP

County

5 Type of Business Ownership (check one only)

☐ Individual☐ Partnership☐ Albion Corporation☐ Other (Explain):☐ Husband-Wife☐ Limited Liability Co.☐ Non-Albion Corporation

6. Which taxes do you expect to owe Albion?

What date will that liability begin?

How much of each tax do you estimate you will owe each month?

☐ Income Tax Withholding_____|_____|_____
Day Year☐ \$0 ☐ Up to \$65 ☐ Up to \$300 ☐ Over \$300☐ Corporation Income Tax_____|_____|_____
Mo. Day Year

Albion Business Location Address:

☐ Partnership Income Tax_____|_____|_____
Mo. Day Year

Estimated number of employees subject to Albion withholding:

You **must** complete all information for each owner, partner, member or corporate officer. Attach a separate list if necessary.

7A. Name (Last, First, Middle, Jr/Sr/ III)

Home Telephone

Title

Date of Birth

Social Security Number

City, State, ZIP

Driver License/ Michigan Identification

7B. Name (Last, First, Middle, Jr/Sr/ III)

Home Telephone

Title

Date of Birth

Residence Address (Number, Street)

Social Security Number

City, State, ZIP

Driver License/ Michigan Identification

8. Do you close your tax books on Dec. 31?

If no, give month of closing.

☐ Yes ☐ No

9. What is the reason for this application?

☐ Started a new business☐ Incorporated an existing business☐ Purchased an existing business☐ Other (please explain)

10. Name of previous owner(s) or corporation

11. Previous Owner's FEIN (if known)

This registration must be signed by the owner(s), two partners, two corporate officers, two members of a limited liability company or their authorized representative. Applications without signatures will be returned.

I declare, under penalty of perjury, that I have examined this registration and its attachments and they are true and complete to the best of my knowledge.

Type or print name of owner or officer responsible for filing returns and making tax payments.	Title
Signature	Phone Date
Type or print name of second owner; partner; officer or member	Title
Signature	Phone Date
Preparer's name and address if different from above	Phone Date