



**CITY OF DETROIT — FINANCE DEPARTMENT — INCOME TAX DIVISION
EMPLOYER'S WITHHOLDING REGISTRATION**

IMPORTANT

Incomplete information will delay processing of your registration. Type or print legibly and complete all applicable items. Please read both instructions and registration carefully.

1. KIND OF OWNERSHIP OF THIS BUSINESS (Check applicable box(es).)

- | | | |
|--|---|---|
| <input type="checkbox"/> (1) Individual | <input type="checkbox"/> (4) Domestic Corporation | <input type="checkbox"/> (6) Trust or Estate (Fiduciary) |
| <input type="checkbox"/> (2) Husband - Wife | <input type="checkbox"/> (1) Subchapter S | <input type="checkbox"/> (7) Joint Stock Club or Investment Co. |
| <input type="checkbox"/> (3) Partnership | <input type="checkbox"/> (2) Professional | <input type="checkbox"/> (8) Social Club or Fraternal Org. |
| <input type="checkbox"/> (3) Registered Partnership, Date: _____ | <input type="checkbox"/> (5) Foreign Corporation | <input type="checkbox"/> (9) Other (Explain) |
| <input type="checkbox"/> (3) Limited Partnership | <input type="checkbox"/> (1) Subchapter S | |

Corporations Only: Which federal income tax returns will you file?

- 1120 1120S 990C 990T Other _____

State of
Incorporation

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Federal
I.D. No.

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2a. GIVE DATE THAT LIABILITY WILL BEGIN FOR DETROIT INCOME TAX WITHHOLDING.

Mo. Day Year

2b. GIVE DATE THAT YOU FIRST PAID WAGES SUBJECT TO DETROIT INCOME TAX WITHHOLDING.

Mo. Day Year

3. WAS THIS BUSINESS PREVIOUSLY OPERATED BY ANOTHER EMPLOYER?

YES NO

4. IF ANSWER TO ITEM 3 IS "YES," GIVE EMPLOYER'S NAME AND IDENTIFICATION NO. IF KNOWN.

5. LIST NAME(S) OF OWNER, ALL PARTNERS OR CORPORATE OFFICERS. (Attach an additional list if necessary.)

A. NAME (Last, First, Middle) (Jr./Sr., III, etc.)

Title

Residence Address (Number and Street)

City, State, ZIP

Home Telephone No.

Social Security Number

Driver's License No./Mich. Personal Identification No.

Date of Birth

B. NAME (Last, First, Middle) (Jr./Sr., III, etc.)

Title

Residence Address (Number and Street)

City, State, ZIP

Home Telephone No.

Social Security Number

Driver's License No./Mich. Personal Identification No.

Date of Birth

C. NAME (Last, First, Middle) (Jr./Sr., III, etc.)

Title

Residence Address (Number and Street)

City, State, ZIP

Home Telephone No.

Social Security Number

Driver's License No./Mich. Personal Identification No.

Date of Birth

6. BUSINESS, TRADE, ASSUMED NAME OR DBA (if used)

7. LEGAL ADDRESS OF BUSINESS (Where all legal contact by INCOME TAX DIVISION should be made.)

Number and Street

Business Telephone No.

City, State, ZIP

County

8. MAILING ADDRESS (Where INCOME TAX DIVISION will send all tax forms, if different from 7.)

Number and Street, P.O. Box, City, State, ZIP

9. ACTUAL LOCATION OF BUSINESS (if different from 7.)

Number and Street, City, State, ZIP



Signature of Responsible Person

Title

Date

INSTRUCTIONS

Each employer withholding City of Detroit Income Tax from employees' wages shall register with the Finance Department, Income Tax Division. The Federal Employer Identification Number assigned by the Internal Revenue Service will be used for the City of Detroit Income Tax Division records. If an employer does not have a federal identification number, application should be made to the Internal Revenue Service on Federal Form SS-4.

When the Federal Employer Identification Number is not required, an identification number will be assigned by the City of Detroit, Income Tax Division. If an employer is assigned a federal number at a later date, he must notify the City Income Tax Division, and he must use the federal number on all future correspondence with the City.

Read City of Detroit, Income Tax, Employer Withholding Instructions.

Mailing address:

City of Detroit
Finance Department
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Ave., Suite 512
Detroit, Michigan 48226-3456