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

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

READ INSTOCTIONS ON THE REVERS BEFORE FILLING OUT						
1. BUSINESS NAME		3. MAILING ADDRESS				
2. EMPLOYER'S NAME (GIVE OWNER'S TRUE NAME IF DIFFERENT FROM BUSINESS NAME ABOV	/E)	4. ADDRESS OF PRINCIF	PAL PLACE OF BUSINESS			
5. CHECK TYPE OF ORGANIZATION	OTHER 6. L (ATTACH EXPLANATION)		6. LOCAL TELEPHONE NO.		7. NO. OF EMPLOYEES	
8. DATE BUSINESS ACQUIRED BY MONTH DAY YEAR EMPLOYER SHOWN IN ITEM 2 ABOVE	9. GIVE THE DATE YOU FIRST PAID WAGES SUBJECT TO GRAYLING WITHHOLDING		MONTH	DAY	YEAR	
10. WAS THIS BUSINESS PREVIOUSLY OPERATED BY ANOTHER EMPLOYER? GIVE EMPLOYER'S NAME	11. ACCOUNTI	NG PERIOD CALENDAR YEAR	□ FISCAL YEAR ENDING_	MONTH		

SIGNATURE

DATE

Please complete and return to: City of Grayling Income Tax Division, PO BOX 515, Eaton Rapids, MI 48827-0515

TITLE

INSTRUCTIONS

Each employer withholding City of Grayling Income Tax from an employee's wages must register with the City of Grayling Income Tax Division. For the convenience of the employer, the Federal Identification Number (FEIN) assigned to the employer by the Federal District Director of the Internal Revenue Service 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.