

CITY OF BIG RAPIDS INCOME TAX DIVISION 226 NORTH MICHIGAN AVENUE BIG RAPIDS, MI 49307 (231) 892-4012		EMPLOYER'S FEDERAL IDENTIFICATION NUMBER _____	
<b>EMPLOYER'S WITHHOLDING REGISTRATION</b>			
1. BUSINESS NAME		2. MAILING ADDRESS	
3. D.B.A. (if different than Business Name)		4. LOCAL ADDRESS (if different than Mailing Address)	
5. TAXABLE YEAR (if other than Calendar Year)		6. CHECK TYPE OF ORGANIZATION: ____ Individual ____ Partnership ____ Corporation ____ Other(attach explanation)	
7. LOCAL TELEPHONE NUMBER		8. NUMBER OF EMPLOYEES	9. DATE BUSINESS ACQUIRED (mth/day/year)
10. DATE FIRST PAID WAGES SUBJECT TO BIG RAPIDS WITHHOLDING (mth/day/year)		11. WAS THIS BUSINESS PREVIOUSLY OPERATED BY ANOTHER EMPLOYER? YES NO	
12. IF ANSWER TO ITEM 11 IS "YES", GIVE EMPLOYERS NAME AND IDENTIFICATION, IF KNOWN.			
13. PRINCIPAL BUSINESS ACTIVITY			
SIGNATURE _____		TITLE _____	DATE _____

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