

## Instructions Employer Withholding Registration

Each employer withholding City of Saginaw Income Tax from employees' wages should register with the Income Tax Office. For the convenience of the employer, the Federal Identification Number assigned to the employer by the Federal District Director of Internal Revenue will be used for the City of Saginaw Income Tax Office records.

When for any reason the Federal Identification Number is not required, an identification number will be assigned by the City of Saginaw Income Tax Office. If an employer is assigned a Federal Number at a later date, it must notify the City Income Tax Office of the Federal number assigned. The employer will then be notified to discontinue the City of Saginaw Identification Number and use the Federal number for all future withholding purposes. Please fill out and send to Kelly Sheltraw at [ksheltraw@saginaw-mi.com](mailto:ksheltraw@saginaw-mi.com)

<b>S-SS-4</b>	<b><u>City of Saginaw – Income Tax Office</u></b> <b><u>Employer's Withholding Registration</u></b>	<u>Employer's Federal Identification Number</u>
1. TRADE NAME:		
2. OWNER'S NAME: (IF DIFFERENT FROM TRADE NAME)		
3. MAIN OFFICE MAILING ADDRESS:		
4. SAGINAW ADDRESS:		
(CHECK TYPE OF ORGANIZATION)		LOCAL TELEPHONE NO.
5. <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER		6.
7. NO. OF EMPLOYEES	8. ACCOUNTING PERIOD <input type="checkbox"/> CALENDAR YEAR <input type="checkbox"/> FISCAL YEAR ENDING -----	
9. IF THIS BUSINESS WAS PREVIOUSLY OWNED BY ANOTHER EMPLOYER PRINT NAME BELOW.		10. GIVE THE DATE THE BUSINESS WAS ACQUIRED BY CURRENT EMPLOYER.
(PAYMENT FREQUENCY ) 11. MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/>		(FOR INTERNAL USE ONLY) P I N:
SIGNATURE	TITLE	DATE