

BC-SS-4



CITY OF BATTLE CREEK EMPLOYER'S REGISTRATION CARD

Income Tax Department - P O BOX 1657 BATTLE CREEK MI 49016-1657
Voice (269) 966-3345 Fax (269) 966-3629
(Please complete and return)

_____ **Federal ID#**

Business Name		Parent Company Name	
Battle Creek Address		Parent Company Mailing Address	
Battle Creek Phone #		Phone #	

Date business acquired: _____ Date first wages paid _____ Average # of employees _____

Type of organization: Individual Owner Partnership Corporation

Owner's name: _____ Financial Officer's name: _____

Accounting Period: Calendar Year Fiscal Year Ending: _____

Was business previously operated by another employer? Yes No

If yes, please provide name & address: _____

Signed _____ Print Name & Title _____ Date _____

BATTLE CREEK INCOME TAX ORDINANCE SECTION 51 (2) & (3)

51 (2) An employer withholding the tax is deemed to hold the tax as a trustee for the city.

51 (3) An employer who is required to withhold and who fails or refuses to deduct and withhold is liable for the payment of the amount required to be withheld. The liability shall be discharged upon payment of the tax by the employee but the employer is not relieved of penalties and interest provided in this ordinance for this failure or refusal.