CITY OF IONIA INCOME TAX DIVISION PH 616-527-5729
114 KIDD ST PO BOX 512 IONIA MI 48846 FAX 616-527-0810

BUSINESS REGISTRATION AND EMPLOYER'S WITHHOLDING REGISTRATION

Trade Name: _____

Federal ID: _____

Mailing Address: _____

_____

Owner(s): _____

Ionia Address: _____

_____

Type of Organization: ☐ Individual Owner ☐ Nonprofit ☐ Partnership
☐ Corporation ☐ Other (Attach Explanation)

Contact Person: _____ Phone: _____
Please Print

Date Business Acquired: _____

Date First Paid Wages Subject to Withholding in Ionia: _____

Was Business Previously Operated by Another Employer? _____
If Yes, Give Name: _____

Accounting Period: ☐ Calendar Year
☐ Fiscal Year Ending: _____

Please Check One:

☐ **Resident Business**
Located inside Ionia City Limits and/or doing business or performing services inside Ionia City Limits. A resident busines is REQUIRED by the Uniform City Income Tax Ordinance to withhold and remit City Income Tax on resident and nonresident employees and file a W-3 with W-2's by FEBRUARY 28 of each tax year. Business is also responsible for filing a return with the City based on income earned inside Ionia City Limits.

☐ **Nonresident Business**
A business withholding Ionia City Income tax for residents of the City of Ionia who work at a business located outside City Limits. This business is requesting to be allowed to withhold from City of Ionia residents working at this business and agrees to remit quarterly withholding payments and year end W-3 with W-2's as is required by the Uniform City Income Tax Ordinance.

☐ **Other** Providing services or conducting business inside City Limits on a short term basis. (Example: Contractors, peddlers, fair venders, antique dealers, etc.) Responsible for tax on income earned in Ionia and possible withholdings on employees. Must at least report wages earned or employees working inside City Limits. Must withhold per Uniform City Income Tax Ordinance.

By signing this form, I declare that I understand all or my obligations to the City of Ionia for income tax and that I will abide by the requirements of the Uniform City Income Tax Ordinance and the City of Ionia Income Tax Department rules and regulations. I also declare that the information provided here is to the best of my knowledge true, complete and correct.

_____ _____
Signature Title Date