

L-SS-4 City of Lansing Income Tax Division Employer's Withholding Registration

Complete this Registration Form if Required to Withhold or Voluntarily Withholding and:

1. Started a new business; or
2. Purchased an ongoing business; or
3. Started doing business in the City of Lansing; or
4. Changed the type of business ownership (e.g. from sole proprietorship to partnership, incorporating a sole proprietorship or partnership)

Employers Required to Reregister and withhold:

1. Employers having a location in the City of Lansing; or
2. Employers doing business in the City of Lansing, even though they are not located in the City.

Withhold Tax from Wages Paid to the Following Employees:

1. All residents of the City of Lansing whether or not they work in the City;
2. All non-residents who work in the City of Lansing. Withhold only on wages earned in the City of Lansing

** Employers not required to withhold City of Lansing income tax are encouraged to voluntarily register and withhold tax from wages paid to the Lansing resident employees.

Mail to: City of Lansing, Income Tax Division, 124 W Michigan Ave 1st Fl, Lansing MI 48933

Fax to: City of Lansing, Income Tax Division. 517.483.6084

Yes, please issue a pin number for online withholding.

For more information email withholding@ci.lansing.mi.us or call the Income Tax Division at 517.483.4114. You can also refer to the Income Tax Ordinance, Income Tax Withholding Guide.

L-SS-4 City of Lansing – Income Tax Office Employer's Withholding Registration		<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. LANSING ADDRESS:			
5. (CHECK TYPE OF ORGANIZATION)		6. LOCAL TELEPHONE #	7. EMAIL ADDRESS
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER			
7. NO. EMPLOYEES	8. ACCOUNTING PERIOD		
	<input type="checkbox"/> CALENDAR YEAR		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	

SIGNATURE

TITLE

DATE