

RETURN IN FIVE (5) DAYS

CITY OF HAMTRAMCK - INCOME TAX DEPARTMENT
NEW BUSINESS AND EMPLOYER'S WITHHOLDING REGISTRATION
 READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM

EMPLOYER'S FEDERAL IDENTIFICATION NUMBER

H -

1. TRADE NAME _____ →			
2. EMPLOYER'S NAME (GIVE OWNER'S TRUE NAME IF DIFFERENT FROM TRADE NAME ABOVE) _____ →			
3. ADDRESS OF PRINCIPLE PLACE OF BUSINESS _____ →			
3A. HOME ADDRESS AND SOCIAL SECURITY NUMBER _____ → (Individual Ownership Only)			
4. CHECK TYPE OF ORGANIZATION: <input type="checkbox"/> INDIVIDUAL OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (ATTACH EXPLANATION)		5. LOCAL TELEPHONE NO. _____	6. NO. OF EMPLOYEES _____
7. DATE BUSINESS ACQUIRED BY _____ MONTH DAY YEAR		8. GIVE THE DATE YOU FIRST PAID WAGES SUBJECT TO HAMTRAMCK WITHHOLDING _____ MONTH DAY YEAR	
9. WAS THIS BUSINESS PREVIOUSLY OPERATED BY ANOTHER EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		10. IF ANSWER TO ITEM 9 IS "YES", GIVE EMPLOYER'S NAME AND IDENTIFICATION NO. IF KNOWN	

SIGNATURE _____

TITLE _____

DATE _____

ACCOUNTING PERIOD ENDING _____

H-SS-4**INSTRUCTIONS**

Each employer withholding City of Hamtramck Income Tax from employees' wages should register with the Income Tax Department. 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 Hamtramck Income Tax Dept. records. If an employer does not have a Federal Identification Number at the time of filing the City of Hamtramck Income Tax reports, application can be made to the Federal District Director of Internal Revenue on Federal Form SS-4 for a number.

When for any reason the Federal Identification Number is not required, an identification number will be assigned by the City of Hamtramck Tax Dept. If an employer is assigned a Federal Number at a later date, he must notify the City Income Tax Department of the Federal Number assigned. The employer will then be notified to discontinue the City of Hamtramck Identification Number and use the Federal number for all future City withholding purposes.

THIS IS NOT A TAX RETURN. ATTACH THIS SCHEDULE TO YOUR HAMTRAMCK RESIDENT RETURN - H-1040(R)

Name and Address as Shown on Page 1 of H-1040(R) NAME _____ ADDRESS AND CITY _____ Hamtramck resident time period: From _____, 20__ to _____, 20__	Social Security Number: _____	20 _____ or other taxable year beginning _____, 20____, and ending _____, 20____.
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COMPUTATION OF TAXABLE INCOME

	HAMTRAMCK INCOME TAX WITHHELD	ALL INCOME WHILE A RESIDENT OF HAMTRAMCK (COL. I)	HAMTRAMCK INCOME WHILE A NONRESIDENT (COL. II)
1. Enter GROSS income from employers for wages, salaries, commission, tips, etc. - indicate (W) for wife. Employer's Name _____ Where employed (City and State) _____	\$	\$	\$
2. TOTALS. Enter on line 16a, page 1 of H-1040(R) return the total amount of withholding shown	\$	\$	\$
3. Deductions from resident long form, Schedule M, page 2, Line 5			
4. Total (line 2 less line 3)		\$	\$
5. Other Income (attach explanation):			
a. Dividends			XXXXXXXXXXXXXXXXXX
b. Interest and Royalties			XXXXXXXXXXXXXXXXXX
c. Rents			
d. Gain (or loss) on sale or exchange of property			
e. Net income (or loss) from estates and trusts			XXXXXXXXXXXXXXXXXX
f. Net income (or loss) from partnerships			
g. Net income (or loss) from business or profession			
h. Miscellaneous Income or net operating loss carryover			
6. Total income (or loss) in each column	\$	\$	\$
7. Less: Losses transferred from cols. I and II (If neither column I Nor column II shows a loss on line 6, enter zero on this line in column I and column II. Otherwise, see instructions.)			
8. Net income (or loss) in each column - line 6 less line 7	\$	\$	\$
9. Less: Exemptions - Fill in Exemption Schedule A on page 1 of form H-1040(R) and enter number of exemptions here Multiply by \$600 each			
10. Taxable income while a RESIDENT (col. I, line 8, less col. I, line 9). If line 9 exceeds the amount on line 8, col. I, enter zero		\$	
11. If the amount on line 9 exceeds the amount of income in col. I, line 8, enter here the amount of the unused portion of your exemptions, if any		\$	
12. Taxable income while a NONRESIDENT (col. II, line 8, less col. II, line 11). If line 11 exceeds line 8, col. II, enter zero			\$

COMPUTATION OF TAX

13. City of Hamtramck tax while a resident (col. I, line 10 X 1%). If line 10, col. I is zero, enter zero	\$
14. City of Hamtramck tax while a nonresident (col. II, line 12 X 1/2%). If line 12, col. II is zero, enter zero	
15. Total City of Hamtramck tax (combine lines 13 and 14). Enter here and on page 1, line 14 of Resident Long Return, H-1040(R)	\$

SEE SEPARATE INSTRUCTIONS