J-SS-4	CITY OF JACKS	SON INCOME TAX	DIVISION	ISION (IF NOT HOUSE)		
<u>u</u>	EMPLOYER'S W	ITHHOLDING REGI	STRATION			
2	READ INSTRUCTIONS	ON THE REVERSE SEFORE FILLING OUT THE	S FORM			
1. TRADE NAME			3. MAILING ADDRESS			
5						
2. EMPLOYER'S						
	NAME (GIVE OWNER'S TRUE P FROM TRADE NAME ABOVE)	17.11.2		CIPAL PLACE OF BUSINESS	•	
CHECK TYPE OF ORGANIZATION			OTHER	LOCAL TEL	EPHONE NO.	NO. OF EMPLOYEES
5. INDIVIDU	AL OWNER PARTNE	RSHIP CORPORATION	(ATTACH EXPLAN	ATION) 6.		7.
8. EMPLOYER SH	SS ACQUIRED BY HOWN IN ITEM 2 ABOVE	MONTH BAY YEAR	9. SUBJECT TO JACKSON W		монтн	DAY
WAS THIS BU	JSINESS PREVIOUSLY OPERATED TER'S NAME	BY ANOTHER EMPLOYER?	ACCOUNTING PERIOD  11. CALENDAR	YEAR FIS	CAL YEAR ENDING	G MONTH
GIVE EMPLOY	FER'S NAME			TEAK	CAL TEAK ENDING	MONT

## INSTRUCTIONS

Each employer withholding City of Jackson Income Tax from employees' wages should register with the City Treasurer, Income Tax Division. 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 Jackson Income Tax Division records. If an employer does not have a Federal Identification Number at the time of filing the City of Jackson 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 Jackson Tax Division. If an employer is assigned a Federal Number at a later date, he must notify the City Income Tax Division of the Federal Number assigned. The employer will then be notified to discontinue the City of Jackson Identification Number and use the Federal number for all future City withholding purposes.

Read the instructions for withholding City of Jackson Income Tax.