

**CITY OF LAPEER – INCOME TAX DIVISION
EMPLOYER WITHHOLDING REGISTRATION**

Business Name in City of Lapeer _____ FEIN _____

Business Address in City of Lapeer _____

Employer's True Name (if different from above) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Number of Employees _____ Local Telephone No _____ Business
Start Date _____

Individual _____ Partnership _____ Corporation _____ Other (Describe) _____

Contact Person _____ Title _____ Telephone No. _____