

CITY OF PORTLAND - INCOME TAX DIVISION
EMPLOYER'S WITHHOLDING REGISTRATION

EMPLOYER'S FEDERAL IDENTIFICATION NUMBER
(IF NOT REQUIRED - WRITE "NONE")

5-

1. TRADE NAME		3. MAILING ADDRESS	
2. EMPLOYER'S NAME (GIVE OWNER'S TRUE NAME IF DIFFERENT FROM TRADE NAME ABOVE)		4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS	
5. CHECK TYPE OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL OWNERS <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (ATTACH EXPLANATION)		6. LOCAL TELEPHONE NO	7. NO OF EMPLOYEES
8. DATE BUSINESS ACQUIRED BY EMPLOYER SHOWN IN ITEM 2 ABOVE →		9. GIVE THE DATE YOU FIRST PAID WAGES SUBJECT TO PORTLAND WITHHOLDING →	
10. WAS THIS BUSINESS PREVIOUSLY OPERATED BY ANOTHER EMPLOYER? GIVE EMPLOYER'S NAME		11. ACCOUNTING PERIOD <input type="checkbox"/> CALENDAR YEAR <input type="checkbox"/> FISCAL YEAR ENDING _____	