

City of Waverly

Business Questionnaire

DIVISION OF TAXATION
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This is a questionnaire for business filers.
If you are an individual filer use the Individual Questionnaire

The information contained on this form is necessary to register your business or update your tax records with the City of Waverly. A response is required within five (5) days. Waverly city income tax rates are 1% for a payroll withholding and net profit.

1. Federal I.D./Soc. Sec. Number _____
2. Sole-Prporietorship _____ Partnership _____ Corporation _____ s-Corp _____ Other(Please Specify) _____
If partnership or other unincorporated joint business venture, indicate how the Waverly Tax Return, upon the net profit, will be filed and paid.
3. Company/Business Name: _____
4. Business Address: _____
5. Calendar Year Ending December 31 _____ or Fiscal Year Ending _____
6. Contact Person: _____
Telephone No. _____ Fax No. _____
7. If corporate subsidiary, give names, address and phone number of parent company main office: _____
If sole proprietorship, give name, address and phone number: _____
If partnership or other unincorporated joint business venture, list name, addresses and phone number of partners, associates or members in venture (Attach list if additional is needed)
A. _____
B. _____
C. _____
8. Description of your primary product or service: _____
9. Mailing Address _____
(If different from line 4)
10. Number of employees (sole proprietor do not include yourself)
Full-time _____ Part-time _____ No Employees _____
A. Do employees perform work or services in Waverly? Yes _____ No _____
B. Date company began withholding for Waverly: _____
11. Remit: MONTHLY _____ QUARTERLY _____ (see ORC718.03(B)(1)(a) for remittance requirement)
12. If you are withholding only as a courtesy for those employees who reside in Waverly, please list name and address of employee. _____
13. Work in Waverly is: Ongoing _____ Occasional/Project Specific _____
Start Date _____ Estimate Ending Date (if project specific) _____
Name and address of Waverly jobsite _____
Number of employees working in Waverly _____

14. FOR CONTRACTORS/SUB-CONTRACTORS ONLY:

Are you a general contractor? _____

A. Current job location: _____

B. Probably length of job: From _____ to _____

C. Name and address of party from whom work is contracted:

D. Will you be sub-contracting any of the work to someone else? If so, please complete the General Contractor and Subcontractor Identification form

*A complete listing of subcontractor names, addresses, Federal ID numbers, and phone numbers must be provided prior to the beginning of each project (General Contractor and Subcontractor Identification form). A summary including payments to each subcontractor must be provided at the completion of a specific project or annually if work is ongoing.

15. Do you lease business space from others? If so, list name, address and phone number to whom the rent was paid: (Give owner if known, otherwise representative agent)

A. _____

B. _____

C. _____

IF CURRENT BUSINESS IS THE SUCCESSOR TO A PRE-EXISTING BUSINESS, PLEASE COMPLETE THE FOLLOWING:
Name/s of previous owners/ and trade name, if any _____
Mailing Address _____

I certify the above to be true and correct to the best of my knowledge. Additionally, I understand that all information contained herein is confidential.

Signed _____ Title _____ Date _____

Company _____ City/State/Zip _____ Telephone _____