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. Name and Address of ALL owners/ officers:_____
6. Calendar Year Ending December 31_____or Fiscal Year Ending _____
7. Contact Person: _____
   Telephone No. _____ Fax No._____
8. 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._____
9. Description of your primary product or service:_____
10. Mailing Address _____
    (If different from line 4)
11. 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: _____
12. Remit: MONTHLY_____QUARTERLY____(see ORC718.03(B)(1)(a) for remittance requirement)
13. If you are withholding only as a courtesy for those employees who reside in Waverly, please list name and address of employee. _____
14. 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 _____

15. 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, addressed, 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.

16. 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 BUSINESSS IS THE SUCCESSOR TO A PRE-EXISTING BUSINESS, PLEASE COMPETE 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.

Signature_____ Title _____ Date _____

Printed Name:_____

Company_____ Telephone_____