

# 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.

BUSINESS NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone No. \_\_\_\_\_

TYPE OF ORGANIZATION:  Sole Proprietor  S Corp.  Partnership  LLC  Non-Profit

List name and address of owners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Federal I.D. number: \_\_\_\_\_ If proprietor, also list S.S. Number : \_\_\_\_\_

Accounting Period: Calendar Year  or Fiscal Year Ending \_\_\_\_\_

Nature of Business \_\_\_\_\_ Date operation started in Waverly: \_\_\_\_\_

Address of Waverly business location: \_\_\_\_\_

Non-Resident Businesses (contractors, vendors, etc. temporarily conducting business in Waverly)

Address of Waverly Job Site \_\_\_\_\_

Please attach a complete listing with addresses and phone no. of all subcontractors

No. of Employees Working in Waverly \_\_\_\_\_ Payroll Starting Date \_\_\_\_\_

Do you use a payroll company to submit monthly or quarterly withholdings payments? \_\_\_\_\_

If so, list payroll company name and phone no. \_\_\_\_\_

Check reason for payroll: Work performed inside city limits  Courtesy for Waverly residents

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 \_\_\_\_\_