

City of Waverly

Business Questionnaire

DIVISION OF TAXATION
Karen Downs, Director
201 W. North St.
Waverly, OH 45690
Contact Method:

phone 740-947-8177

fax 740-947-1852

e-mail incometax@cityofwaverly.net

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 _____

General Contractor and Subcontractor Identification

PART A: General Information	
1. General Contractor	2. EIN
3. Project Address:	
4. Project Manager	5. Phone No.

Any general contractor entering into a contract for work or improvements in the City must withhold all city income taxes due and payable. Additionally, all sub-contractors engaged for works or improvement in the City are required to withhold such taxes due for services performed on behalf of the general contractor.

Please provide the following information for all sub-contractors so engaged. A supplemental form may be submitted should changes occur during the course of a project.

PART B: Subcontractors	
Company Name	EIN
Address	Trade
Contact Person	Phone No.

Company Name	EIN
Address	Trade
Contact Person	Phone No.

Company Name	EIN
Address	
Contact Person	Phone No.

Company Name	EIN
Address	
Contact Person	Phone No.

Company Name	EIN
Address	
Contact Person	Phone No.

Company Name	EIN
Address	
Contact Person	Phone No.

Company Name	EIN
Address	
Contact Person	Phone No.