

QUESTIONNAIRE
CITY OF WAVERLY INCOME TAX
PLEASE COMPLETE ALL QUESTIONS AND SIGN BELOW

1. Name & home address of all owners, partners, or principal corporate officers:
- | Name | Address | Soc. Sec. No. | Telephone |
|----------|---------|---------------|-----------|
| a. _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ |
| d. _____ | _____ | _____ | _____ |
2. Business Name _____
3. Nature of Business _____
4. Waverly Business/Job Location _____ Waverly Phone No. _____
5. Home Office Address _____
6. Home Office Telephone _____
7. Date Project/Business started in Waverly _____
8. Check One: _____ Sole Proprietorship _____ Partnership _____ Corporation
9. Federal Identification Number _____
10. Accounting Period: Calendar Year _____ or Fiscal Year Ending _____
11. Name & Address of Accountant or Party in Charge of Books _____

12. Are there now or will there be employees subject to Waverly Income Tax? ___ Yes ___ No
Approx. Date Withholding will start ___1st. Qtr. ___2nd. Qtr. ___3rd. Qtr. ___4th. Qtr.
___ Approximate Number \$_____ Approximate Quarterly Gross Payroll
14. **THIS SECTION TO BE COMPLETED BY CONTRACTORS & SUB-CONTRACTORS**
- A. Name & Address of party whom contracted or subcontracted _____

- B. Job Location _____
- C. Probable Length of Job: From: _____ To: _____
- D. Are you or will you be subcontracting any of the work to someone else? ___ Yes ___ No
If yes, attach a complete list showing names, addresses & nature of work.
- E. Are you or will you be doing more than one job in Waverly? ___ Yes ___ No
If yes, job locations _____

Respondent's Signature _____ Title _____ Date _____