

CITY OF WAVERLY INCOME TAX QUESTIONNAIRE

Resident's Name: _____ S.S. No. _____

Address: _____

Spouse's Name _____ S.S. No. _____

Please list other members of your household who is **over 16** years of age below:

_____ S.S. No. _____
_____ S.S. No. _____
_____ S.S. No. _____

Date you moved to your current address: _____ Home Phone _____

Have you lived in Waverly before if so, where? _____

If you rent, give name and address of landlord _____

EMPLOYMENT INFORMATION (Full or Part-time) **List everyone who is employed**

Employer's Name _____

If fully retired, total disabled, temporarily unemployed, or have no income, please indicate your status above with the date of retirement or other status. Use back of form to explain if needed.

IF ANY MEMBER OF HOUSEHOLD OWNS RENTAL PROPERTY PLEASE COMPLETE:

Name of Rental Property Owner _____

Address of Rental Property _____ Date Acquired _____

I certify the above information to be true and accurate.

Signature

Date