

# 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