

Request for Municipal Income Tax Account

PART A: GENERAL INFORMATION

Business Type (Please check One)
Taxpayer Federal FID/SSN
Taxpayer's Legal Name
Mailing Address for Business Tax Returns and Correspondence
Mailing Address for Payroll Tax Returns & Correspondence if different
Trade Name
Fiscal Year End (if applicable)
Primary Product or Service
Date Operations began in Waverly:
Location of Business in the City of Waverly
Job Site Location:
Description of your primary product or service:
The company will be filing a consolidated return as:
If a Limited Liability Company (LLC) will the Partnership or Partners file?
If you rent the building or booth space from others list Name, Address & Phone No. of property owner:

PART B: CONTACT INFORMATION

Name of President, CEO, Partner or Trustee
SSN
Home Address of President, CEO, Partner or Trustee
Name of Officer or Partner in Charge of Payroll
SSN
Home Address of Officer or Partner in Charge of Payroll
Name of Internal Payroll Tax Contact
Payroll Tax Contact Title
Payroll Tax Phone No.
Name of Internal Business Tax Contact
Business Tax Contact Title
Business Tax Phone No.

PART C: SOLE PROPRIETOR
If you are a Sole Proprietor and also do not have employees, please complete the following only. If you have employees complete the withholding portion of this form.

NAME:
SSN:
Street Address
City
State
Zip
Phone No.
Fax No.
Email

PART D: SPECIAL INSTRUCTIONS FOR PARTNERSHIPS AND S-CORPORATIONS

Attach a separate sheet showing the name, SSN/FID and address of each partner or shareholder. Identify owner/member's name and address, and FID No. (SSN if an individual). If the owner is a corporation, include an officer ad SSN.

PART E: WITHHOLDING INFORMATION
Waverly is no a PURE ADDRESS - call for verification of address of job site and/or employee address prior to withholding

Please check the appropriate box:
Employees work within the city limits of Waverly - the withholding rate is 1%
Business performs NO work in the City of Waverly. We will be withholding taxes from residents as a courtesy.
Name and Address of Employee:
NO EMPLOYEES works in the City of Waverly
Work in Waverly is Ongoing Occasional/Project - Specific:
Start Date: Estimate Ending Date:
Are you using a payroll service? No Yes Name of Payroll Service/Employee Leasing Co:
Contact Name: Contact Phone No. Extension
Filing Frequency of withholding Quarterly (under \$200./month) Monthly (over \$200./month) Date of 1st payroll

Signature of Person Completing Form
Contact Phone No
Ext
Date