

Request for Municipal Income Tax Account

PART A: GENERAL INFORMATION

Taxpayer Federal FID/SSN		Business Type (Please check One)	
Taxpayer's Legal Name		<input type="checkbox"/> C-Corporation (1120)	<input type="checkbox"/> Partnership (1065)
Mailing Address for Business Tax Returns and Correspondence		<input type="checkbox"/> S-Corporation (1120S)	<input type="checkbox"/> Sole Proprietor (Schedule C) Do not complete the withholding section if you do not have employees
Mailing Address for Payroll Tax Returns & Correspondence if different		<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Trust (1041) or Other
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: _____		
If a Limited Liability Company (LLC) will the Partnership or Partners file? _____		The company will be filing a consolidated return as: _____	
_____		If you rent space from others list name, address & phone no. to whom rent is paid. _____	

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

TAX RATE: 1.0%

Please check the appropriate box:

☐ Employees work within the city limits of Waverly – the withholding rate is 1%☒ Remote Worker – Address: _____☐ 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 WaverlyWork 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