

City of Waverly, Income Tax Division www.cityofwaverly.net **(740) 947-8177 (740) 947-1852 fax**
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. |

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|--------------------------------|---|--|--|
| 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: SPECAIL 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.

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|--|--|
| 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 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