COMPTROLLER'S OFFICE
TAX VERIFICATION FORM

DATE _____

TO: **COLLECTOR OF REVENUE**
ROOM 410, CITY HALL

LICENSE COLLECTOR
ROOM 104, CITY HALL

FROM: DEPARTMENT _____

ROOM NO./BUILDING _____ TELEPHONE NO./EXT. _____

CITY CONTACT PERSON (PLEASE PRINT) _____

CONTRACT INFORMATION

BUSINESS NAME _____

OCCUPATION/PROFESSION _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

F.I.D./S.S.N. _____ TELEPHONE NO. _____

TYPE OF CONTRACT [ ] SALES [ ] SERVICES [ ] BOTH

TYPE OF PRODUCT OR SERVICE _____

IF SERVICE RENDERED, PERFORMANCE WILL BE [ ] INSIDE CITY LIMITS [ ] OUTSIDE CITY LIMITS

DOES VENDOR DELIVER PRODUCT OR MAKE SALES/SERVICE CALLS IN THE CITY? [ ] YES [ ] NO

COLLECTOR OF REVENUE ROOM 410, CITY HALL

Date Received _____

TAX DELINQUENCIES

[ ] Earnings Tax Withholding _____ Year _____ Quarter

[ ] Annual E-234 _____ Year

[ ] Payroll Expense Tax _____ Year _____ Quarter

[ ] Reconciliation Report (W-3 Form) _____ Year

[ ] Personal Property Tax _____ Year

[ ] Not on current Earnings Tax Rolls

[ ] Not on current Personal Property Tax Rolls

[ ] **APPROVED** Date _____ By _____

[ ] **REJECTED** Date _____ By _____

LICENSE COLLECTOR ROOM 104, CITY HALL

Date Received _____

	PAID	EXEMPT	DELINQUENT	NEEDS LICENSE
Manufacturer's				
Business License				
Other				

Remarks _____

_____

_____

APPROVED BY _____
(Please Sign)

REJECTED BY _____
(Please Sign)

Date _____