

**PLEASE SUBMIT 2 COPIES**

**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**

**LICENSE COLLECTOR ROOM 104, CITY HALL**

Date Received \_\_\_\_\_

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 \_\_\_\_\_

Manufacturer's Tax

Business License

Other

Remarks \_\_\_\_\_

**APPROVED BY** \_\_\_\_\_  
(Please Sign)

**REJECTED BY** \_\_\_\_\_  
(Please Sign)

Date \_\_\_\_\_

PAID	EXEMPT	DELINQUENT	NEEDS LICENSE