

DATE OF HIRE: _____ (IF SELF EMPLOYED IN CITY, PLEASE COMPLETE SECTION II)

4. DO YOU OWN (NOW OR IN THE PAST 6 YEARS) REAL ESTATE PROPERTY RENTED TO OTHERS? ___ YES ___ NO

IF YES, COMPLETE THE FOLLOWING:

(AS A NON-RESIDENT OWNING RENTAL PROPERTY LOCATED IN NEWARK OR A NEWARK RESIDENT OWNING RENTAL PROPERTY REGARDLESS OF LOCATION. IF A NEWARK RENTAL IS SOLD, PLEASE PROVIDE BUYER'S NAME)

ADDRESS OF PROPERTY(S) _____ DATE RENTAL BEGAN _____ DATE SOLD _____ NAME OF NEW PROPERTY OWNER _____

NOTE: LANDLORDS OF NEWARK PROPERTY MUST PROVIDE ANNUAL LISTING OF TENANTS ON OR BEFORE OCTOBER 1ST EACH YEAR, TO INCLUDE: NAME, ADDRESS, DATES OF RESIDENCY.

WHAT DO YOU ESTIMATE YOUR TAXABLE CITY INCOME TO BE THIS YEAR? _____

YOU ARE REQUIRED TO FILE A DECLARATION OF ESTIMATED TAX AND MAKE QUARTERLY TAX PAYMENTS IF YOUR TAX DUE WILL EXCEED \$100.00 (EXCEPTION: WHEN YOUR TOTAL NEWARK TAX IS PAID THROUGH EMPLOYER WITHHOLDING).

PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF YOUR TAX PREPARER:

DO YOU AUTHORIZE RELEASE OF INFORMATION REGARDING YOUR ACCOUNT/TAX RETURNS TO YOUR ACCOUNTANT OR TAX PREPARER? ___ YES ___ NO

SECTION II COMPLETION NECESSARY IF YOU ARE INVOLVED IN A SELF-EMPLOYMENT ACTIVITY, A PARTNERSHIP OR OTHERWISE INVOLVED IN AN ACTIVITY EARNING INCOME WHICH IS NOT SUBJECT TO WITHHOLDING OF TAXES (EXAMPLE: 1099-MISC. INCOME, MISC. CASH INCOME, SUB-CONTRACT LABORER, HOME CHILD-CARE PROVIDER. ETC.). DOES THIS SECTION APPLY TO YOU? ___ YES ___ NO IF NO, PLEASE SKIP TO SECTION III

1. TRADE NAME OF BUSINESS/ACTIVITY (IF APPLICABLE): _____

STREET _____ PO BOX _____ CITY _____ ST. ZIP _____ PHONE # _____

2. DATE ACTIVITY BEGAN: (M/D/Y) _____ DATE BEGAN IN NEWARK: _____ DATE CEASED IN NEWARK: _____

3. NATURE OF BUSINESS CONDUCTED: _____

4. FEIN: _____ S.S.#: _____

5. TYPE OF OWNERSHIP: (CHECK ONE) _____ SOLE PROPRIETORSHIP _____ PARTNERSHIP

6. DO YOU HAVE EMPLOYEES? _____ DO EMPLOYEES WORK IN NEWARK? _____

7. DO YOU PAY ANYONE ON A CONTRACT BASIS? ___ YES ___ NO

IF YES, YOU ARE REQUIRED TO PROVIDE THEIR NAMES, ADDRESSES AND S.S.#.

NOTE: COPIES OF W-2'S AND 1099'S MUST BE SUBMITTED TO TAX OFFICE BY FEBRUARY 28TH EACH YEAR.

8. IF YOU ARE A NEW OWNER OF AN ALREADY EXISTING BUSINESS IN NEWARK, GIVE NAME AND ADDRESS OF PREVIOUS OWNER: _____

SECTION III REQUIRES RESPONSE AND SIGNATURE(S)

1. MARITAL STATUS: _____ SINGLE _____ MARRIED

2. IF MARRIED AND YOU JOINTLY RECEIVE RENTAL INCOME OR ARE BOTH SELF-EMPLOYED, A JOINT ACCOUNT MAY BE ESTABLISHED WITH YOUR AUTHORIZATION. A JOINT RETURN MUST INCLUDE BOTH NAMES, SOCIAL SEC. NOS. AND SIGNATURES.

ARE YOU REQUESTING A JOINT ACCOUNT? **PLEASE CIRCLE - YES OR NO**

I/WE CERTIFY THE ANSWERS PROVIDED ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE FILING OF THIS FORM IS FOR REGISTRATION ONLY AND DOES NOT CONSTITUTE FILING OF A TAX RETURN OR EXEMPTION FORM, WHICH MUST BE FILED BY APRIL 15TH ANNUALLY.

SIGNATURE _____

DATE _____

SIGNATURE _____

DATE _____

THANK YOU, IN ADVANCE, FOR TAKING THE TIME TO COMPLETE THIS FORM IN FULL AND RETURNING IT BY THE DATE REQUESTED.