

City of Springdale

Tax Department

EDWARD F. KNOX
Clerk of Council / Finance Director

JEFFREY T. WILLIAMS
Finance Officer / Tax Commissioner

CECIL W. OSBORN
City Administrator

Dear Springdale Employee:

Re: Requirements of the Earnings Tax, Registration

The City of Springdale levies a one and a half percent (1.5%) earnings tax on gross salaries, wages, commissions, and other compensation earned within the City. As a result of your employment within the City of Springdale, you are required to pay the aforementioned tax. Since your employer is not withholding this tax for you, an account has been established in your name. You are personally responsible for this account and you will be required to make quarterly estimated payments and file an annual income tax return on or before April 15 of each year.

Filing of the income tax return is required whether or not any tax is due.

Proper administration of the Tax Ordinance depends a great deal upon the accuracy of our records, therefore, we would very much appreciate your prompt completion and return of the enclosed registration.

The City of Springdale is pleased that you have chosen to be employed here and we in the Tax Department want to do everything necessary to help you comply with the Tax Ordinance. If you need assistance with the completion of this form or with the preparation of your Springdale tax forms, or if you have any questions, please contact us at the number listed below or at the web site www.springdale.org.

Very truly yours,

Jeffrey T. Williams
Finance Officer/Tax Commissioner

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EMPLOYEE REGISTRATION

ACCOUNT NUMBER _____

DATE _____

1. Name: _____
2. Social Security Number: _____ Telephone number _____
3. Employer Name: _____
4. Occupation: _____
5. Employer's Springdale Address: _____
6. Date Springdale Employment Began: _____
7. Name of Springdale Supervisor/Manager _____ Phone # _____
8. Does Your Employer Withhold a Local Tax on Your Entire _____ or Partial _____ Income?
9. Name of City for Which Employer Withholds Local Tax: _____
10. Mailing Address for Tax Forms: _____

**WRITTEN NOTICE IS REQUIRED TO CHANGE ANY OF THE ABOVE INFORMATION
ONCE IT HAS BEEN SUBMITTED.**

Completed by (Please Print) _____ Date: _____

Taxpayer Signature: _____ Date: _____