



CITY OF WILSONVILLE

PAYROLL TAX REGISTRATION FORM

29799 SW Town Center Loop E.
Wilsonville Oregon 97070
Phone (503) 570-1518 Fax (503) 682-1015

BUSINESS INFORMATION

Business Name		DBA (Doing Business As)	
Business Street Address		Business Mailing Address (if different)	
City, State, Zip		City, State, Zip	Business Start Date in Wilsonville
Business Phone #	Fax #	FEIN	Business Type (S Corp, C Corp, LLC)

CONTACT INFORMATION

Payroll Tax Contact Name	
Payroll Tax Phone Number	Email Address
Additional Contact Name	
If you use an outside payroll company to file your taxes, please list company (Example: ADP, ZenPayroll, Paylocity):	

ADDITIONAL INFORMATION

NAICS Code (Please visit www.census.gov/naics for correct code) & Describe the Nature of the Business	
Location of where the work is being performed	
OCCB and/or Metro Number (if applicable)	Is this for a home based employee or temporary working in the city?

SIGNATURE

Applicant's Signature	Applicant's Name (please print)
Title	Date
Phone number	Email

For questions call 503-570-1518 or email: transittax@ci.wilsonville.or.us

FOR OFFICE USE ONLY

Date Received	By:	Customer Tax ID #
---------------	-----	-------------------