

# City of Springdale

## Tax Department

KATHY McNEAR  
Clerk of Council / Finance Director

JEFFREY T. WILLIAMS  
Finance Officer / Tax Commissioner

JOHN J. JONES  
City Administrator

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Dear Springdale Resident:

The City of Springdale levies a one and a half percent (1.5%) earnings tax on all earned income. Filing of an annual City of Springdale income tax return is required by everyone who lives in Springdale, age 19 and older, regardless of your income, whether or not any tax is due. This requirement applies to renters, homeowners and all other applicable residents

Tax returns are due on April 15 of the subsequent year. Also, 90% of the tax liability is required to be paid by January 15 of the subsequent year. If you anticipate that you will owe tax, you should pay quarterly estimated tax in order to avoid penalty and interest charges. Forms, extension requests, a complete listing of taxable/non-taxable items, and other information regarding the Tax Ordinance are available upon request or at the web-site [www.springdale.org](http://www.springdale.org).

The City of Springdale is pleased that you have chosen to reside here and we in the Tax Department want to help you comply with the Tax Ordinance. If you require assistance with the completion of this registration, with the preparation of your Springdale tax forms, or if you have any questions, please contact us at the number listed below.

Remember, your tax dollars provide first-class fire and police protection, free garbage pick-up, an outstanding sports facility and Community Center, and many other amenities.

Very truly yours,

Springdale Tax Commission

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## RESIDENT REGISTRATION

For Office Use Only - Account Number \_\_\_\_\_

Address \_\_\_\_\_

Date you moved into Springdale \_\_\_\_\_ Phone # \_\_\_\_\_  
(If resident prior to age 19, please indicate year turned age 19.)

Your Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employer(s) Name \_\_\_\_\_ Date began employment \_\_\_\_\_  
Does employer withhold a city tax on your income? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what city? \_\_\_\_\_  
Are you self employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what city is your business located? \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employer(s) Name \_\_\_\_\_ Date began employment \_\_\_\_\_  
Does employer withhold a city tax on your income? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what city? \_\_\_\_\_  
Are you self employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what city is your business located? \_\_\_\_\_

Do you receive business income from a Partnership? Yes \_\_\_ No \_\_\_ or an S-Corporation? Yes \_\_\_ No \_\_\_  
Do you receive income from rental properties? Yes \_\_\_ No \_\_\_ If yes, list the address of each rental property:

Do you own your home? \_\_\_ or rent? \_\_\_ or live with family? \_\_\_ If renting, list Name and Address of landlord:

List below all other residents at this address, **age 19 and older**, whether or not employed.

Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date moved into Springdale \_\_\_\_\_ (If resident prior to age 19, please indicate year turned age 19.)

Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date moved into Springdale \_\_\_\_\_ (If resident prior to age 19, please indicate year turned age 19.)

Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date moved into Springdale \_\_\_\_\_ (If resident prior to age 19, please indicate year turned age 19.)

**BY SIGNING THIS FORM, YOU CONFIRM THAT YOU LIVE IN SPRINGDALE AND THAT YOU HAVE READ AND UNDERSTAND YOUR REQUIREMENT TO FILE AN ANNUAL TAX FORM WITH THIS CITY.**

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail address: \_\_\_\_\_