

PLEASE COMPLETE AND RETURN WITHIN TEN (10) DAYS)

INDIVIDUAL QUESTIONNAIRE

City of Perrysburg Income Tax Division

201 West Indiana Avenue Perrysburg, OH 43551-1582

Phone: 419-872-8035 Fax: 419-872-8037

The information contained on this form is necessary to complete our records and to determine whether a taxpayer is required to file a City of Perrysburg income tax return. You may have received this form as a result of landlord notification, being a new city water customer, annexation, or other information received by our office. A response is required within ten (10) days.

Name _____ SSN _____ Date of Birth _____

Spouse _____ SSN _____ Date of Birth _____

Address _____

Are you the homeowner? Yes No If no, list name and address of landlord or homeowner:

Date you moved to Perrysburg _____ Telephone Number _____

Please list your previous address _____

Your employer's name _____

Address where you work _____

Is city income tax withheld? Yes No What city? _____

Note: If Perrysburg city tax is not withheld, you may be required to pay quarterly estimated taxes.

Or, check if you are: Unemployed Retired Permanent Disability

Complete Retiree Exemption form if not filing a tax return.

Name of spouse's employer _____

Address where spouse works _____

Is city income tax withheld? Yes No What city? _____

Note: If Perrysburg city tax is not withheld, you may be required to pay quarterly estimated taxes.

Or, check if you are: Unemployed Retired Permanent Disability

Do you own rental property? Yes No If yes, please list the address(s) and date(s) you acquired:

Note: Owners of City of Perrysburg rental property are required by ordinance to notify the Income Tax Division within thirty (30) days of a tenant moving in or out of the rental property.

Excluding interest and dividends, do you have any taxable income such as Partnership K-1(s), S Corp K-1's, Farm Income, etc?

Yes No If yes, please specify type(s) _____

If any other employed or self-employed persons live at this address, such as students, co-tenants, etc., please list names:

I certify the information to be true and correct

Signature _____

Date _____

Please call us at 419-872-8035 if you have questions. Office hours are 8-4:30 weekdays.

ALL INFORMATION CONTAINED IN THE COMPLETED FORM IS "CONFIDENTIAL" AS MANDATED BY CHAPTER 890 OF THE CODIFIED ORDINANCES OF THE CITY OF PERRYSBURG, OH.