DIVISION OF TAXATION

2310 Second Street * Cuyahoga Falls, Ohio 44221
Phone: (330) 971-8220

INDIVIDUAL INCOME TAX QUESTIONNAIRE
(Please Complete and Return Within Five (5) Days)

Name : _____
First Middle Last

Address : _____ Zip Code : _____

Date moved into the City of Cuyahoga Falls: _____ Phone Number : _____

Your Social Security Number : _____ Date of Birth : _____

Spouse's First Name and Middle Initial : _____

Spouse's Social Security Number : _____

List most previous address and include the dates of residence : _____

_____

Are you renting your present residence ? Yes ___ No ___

If yes, from whom ? _____

Address: _____

Present Employer : Name : _____

Address: _____

Does your present employer withhold City of Cuyahoga Falls Income Tax ? Yes ___ No ___

If not, for what city is tax withheld ? _____

Do you have rental income anywhere ? Yes ___ No ___
(List addresses of rental properties and gross rental income per month for each on back of this sheet)

Are you or your spouse self-employed ? Yes ___ No ___ *(If so, give details on back)*

Have you ever had employees ? Yes ___ No ___ *(If so, give details on back)*

I hereby certify that all information and statements herein are true and correct.

Name: _____ Date: _____
Please Print

Signature: _____