

VANDALIA – BROOKVILLE
OFFICIAL INCOME TAX INFORMATION QUESTIONNAIRE

City of Vandalia Income Tax Office
P.O. Box 727
Vandalia, Ohio 45377-0727

PLEASE COMPLETE AND RETURN THIS FORM WITHIN FIFTEEN (15) DAYS - DO NOT DISREGARD

The information requested on this form is essential for the completion of our records and will be kept confidential.

(PLEASE PRINT OR TYPE)

1. Name:	Social Security No.:
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Spouse's Name:	Social Security No.:
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Street Address:	City:	State:	Zip:
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Date moved into city:	Telephone No.:
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Email Address: _____

Do you own or rent your place of residence? Own Rent

If renting, give name and address of landlord: _____

Are you under the age of 18? Yes No Date of Birth: _____

2. Check status as taxpayer: Employee Self-Employed Partnership Retired Active Military Other

3. If Employee, complete the following:

(Complete "Previous Employer" information if time with current employer is less than five (5) years.)

Current Employer: _____

Address: _____ City/State: _____ Zip: _____

City of Employment: _____ Date Employment Began: _____

Previous Employer (1): _____

Address: _____ City/State: _____ Zip: _____

City of Employment: _____ Dates of Employment: _____

Previous Employer (2): _____

Address: _____ City/State: _____ Zip: _____

City of Employment: _____ Dates of Employment: _____

Spouse employer information, if applicable:

(Complete "Previous Employer" information if time with current employer is less than five (5) years.)

Current Employer: _____

Address: _____ City/State: _____ Zip: _____

City of Employment: _____ Date Employment Began: _____

Previous Employer (1): _____

Address: _____ City/State: _____ Zip: _____

City of Employment: _____ Dates of Employment: _____

Previous Employer (2): _____

Address: _____ City/State: _____ Zip: _____

City of Employment: _____ Dates of Employment: _____

Please provide name and address for any other current employers for you or your spouse:

1. _____ 2. _____

3. _____ 4. _____

4. Please provide all previous addresses for last five (5) years:

1.	Dates of Residency:
2.	Dates of Residency:
3.	Dates of Residency:
4.	Dates of Residency:

5. If retired, indicate date of retirement:

6. Do you have other income? Yes No

If yes, list source(s) of income:

7. If self-employed, complete the following: (Indicate if for: Yourself Spouse)

Business Name:

Address: City/State: Zip:

Nature of Business: Business Telephone No.:

Do you have employees? Yes No If yes, how many? _____

8. Do you receive rental income: Yes No

If yes, give address of each rental property, date acquired, and list of all tenants.

Address	Date Acquired	Name(s) of Tenants

9. List names of any other person, 18 years of age or over, living at this address. Indicate if employed, name and address of employers, social security number, and occupation. (Attach list if necessary.)

Name	SSN	Name & Address of Employer	Occupation

The statements made on this questionnaire are true, correct, and complete to the best of my knowledge.

Signature (Self):

Date:

Signature (Spouse):

Date:

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN COMPLETING THIS FORM PLEASE CONTACT THE VANDALIA TAX OFFICE AT (937)415-2240.