



INDIVIDUAL QUESTIONNAIRE

Please complete the following:

TAXPAYER SSN: _____ NAME _____

SPOUSE SSN: _____ NAME _____

ADDRESS: _____

EMAIL: _____

DATE MOVED IN: _____ PHONE NUMBER: _____

NAMES OF OTHER PERSONS 18 AND OLDER LIVING IN YOUR HOUSEHOLD:

_____ SOCIAL SECURITY# _____

_____ SOCIAL SECURITY# _____

1. Do you own rental properties? Yes _____ No _____ If "Yes", please complete the following:

<u>ADDRESS OF PROPERTY</u>	<u>DATE PLACED INTO SERVICE</u>
_____	_____
_____	_____
_____	_____

1. Do you have Sole Proprietorship Income (Schedule C)? Yes _____ No _____

If "Yes", please complete the following:

Type of business _____

Date business began _____ Location _____

Number of employees: _____ Average quarterly payroll \$ _____

List payroll service, if applicable _____

FOR TAX OFFICE USE ONLY

Date Received: _____

Acct #: _____

Entered by: _____

Posted/Entered:

**City of Miamisburg
Income Tax Department
Collecting Agent for:
Miami Crossing JEDD
Austin Center JEDD**

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