



## 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  
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Collecting Agent for:  
Miami Twp Dayton Mall JEDD  
Austin Center JEDD**  
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