



MUNICIPALITY OF NEW LEBANON

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CONFIDENTIAL INCOME TAX QUESTIONNAIRE

All information on this form is confidential and will only be used by **New Lebanon Income Tax Dept.**

ARE YOU UNDER 18 YEARS OF AGE? Yes ___ No ___ IF YES, PLEASE PROVIDE BIRTHDATE _____

1. NAME _____ SOCIAL SECURITY _____
SPOUSE'S NAME _____ SOCIAL SECURITY _____
ADDRESS _____ CITY, ST, ZIP _____
DATE MOVED TO THIS ADDRESS _____ PREVIOUS ADDRESS _____
PHONE NUMBER _____ EMAIL ADDRESS _____
DO YOU RENT? Yes ___ No ___ IF YES, PLEASE PROVIDE LANDLORD NAME _____

2. ARE YOU OVER 65 AND RETIRED? Yes ___ No ___ ARE YOU EMPLOYED? Yes ___ No ___ IF YES,
PLEASE PROVIDE EMPLOYER INFORMATION:
YOUR EMPLOYER _____ DATE HIRED _____
STREET ADDRESS WHERE WORK PERFORMED _____
CITY OR TOWNSHIP WHERE WORK PERFORMED _____
IS CITY TAX WITHHELD? Yes ___ No ___ IS YES, WHAT CITY(S) _____

3. IS YOUR SPOUSE EMPLOYED? Yes ___ No ___ YES, PLEASE PROVIDE EMPLOYER INFORMATION:
SPOUSE EMPLOYER _____ DATE HIRED _____
STREET ADDRESS WHERE WORK IS PERFORMED _____
CITY OR TOWNSHIP WHERE WORK IS PERFORMED _____
IS CITY TAX WITHHELD? Yes ___ No ___ IS YES, WHAT CITY(S) _____

4. ARE YOU OR YOUR SPOUSE SELF-EMPLOYED? Yes ___ No ___ FEDERAL ID NUMBER _____
IF YES, PLEASE PROVIDE THE BUSINESS NAME(if any) _____
DO YOU HAVE EMPLOYEES? Yes ___ No ___ IF YES, PLEASE PROVIDE DATE EMPLOYEES STARTED _____

5. DO YOU OR YOUR SPOUSE OWN RENTAL PROPERTY? Yes ___ No ___ IF YES, PLEASE PROVIDE LOCATION
AND DATE PURCHASED(attach additional sheets if necessary):
LOCATION _____ DATE PURCHASE _____

6. ARE YOU OR YOUR SPOUSE ON U.S.MILITARY ACTIVE DUTY? Yes ___ No ___ IF YES, You ___ Spouse ___

7. LIST ANY OTHER MEMBERS OF YOUR HOUSEHOLD **OVER THE AGE OF 16**. IF BETWEEN 16 AND 18,
PLEASE LIST BIRTHDATE: **DO NOT LIST CHILDREN UNDER 16**

NAME	SOC. SEC. NO.	BIRTHDATE	EMPLOYER
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I DECLARE THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE.

FOR OFFICE USE ONLY:

STATUS CODE _____	_____	_____
STATUS DATE _____	SIGNATURE _____	DATE _____
RENTAL CODE _____	_____	_____
INPUT BY _____	SIGNATURE _____	DATE _____