

City of Greenville Income Tax
Municipal Building, 100 Public Square
Greenville, OH 45331
Phone 937-548-5747 Fax 937-548-3035
E-mail incometax@cityofgreenville.org

Information Questionnaire

PLEASE COMPLETE ALL QUESTIONS AND RETURN THIS FORM. DO NOT DISREGARD.

PLEASE PRINT OR TYPE

Name: _____ Social Security No.: _____
Address: _____ City: _____ State: ____ Zip: _____
Date of birth: _____
E-Mail Address: _____

Spouse's Name: _____ Spouse's Social Security No.: _____
Spouse's Date of birth: _____

Date Moved into Greenville city limits: _____ Telephone/Cell No.: _____
If you no longer live in Greenville, list the dates you lived within Greenville city limits: _____

Do you own or rent your place of residence? Own Rent
If renting, give name and address of landlord _____

Your/Spouse income source:
 W-2 Income; Self-Employment; Active Military; Retirement; Unemployment benefits; Farm Income;
 Alimony; Child Support; Supported by relative or friend; Other: _____

Do you receive rental income? Yes No
If yes, give address of each rental property, date acquired and a list of all tenants. (Attach list if necessary)

<u>Address</u>	<u>Date Acquired</u>	<u>Name(s) of Tenants</u>

List names of any other persons, **18 years of age or over**, including college students living at this address either part-time or full-time during the calendar year:

Name: _____ Social Security No.: _____
Date of birth: _____ Income Source: _____

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

(Signature)

(Date)

(Spouse - Signature)

(Date)

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CONTACT THE GREENVILLE TAX OFFICE AT 937-548-5747. PLEASE RETURN WITHIN 20 DAYS.