

INDIVIDUAL QUESTIONNAIRE

CITY OF CANFIELD INCOME TAX DEPARTMENT, 104 LISBON STREET, CANFIELD, OHIO 44406-1416

Phone: 330-533-1101 ~ Fax: 330-533-2668 ~ Website: www.canfield.gov ~ E-mail: achristopher@canfield.gov

Name:
Address:

Date:

Per Ordinance 183.03 the imposition of one percent tax on all salaries, gross wages, commissions, tips, gratuities, and other compensation earned by resident or non-resident. To establish and maintain accurate records, the Income Tax Ordinance requires that you complete and return this form within ten days.

FAILURE TO COMPLY WITH THE REQUIREMENTS OF PROVIDING THIS INFORMATION TO THE CITY AS REQUIRED CODIFIED ORDINANCE 184.03 IS A VIOLATION OF THE LAW PUNISHABLE BY A FINE OF UP TO \$1,000.00 PER ORDINANCE 184.99.

SELF:

SPOUSE:

- 1. Name
2. Street Address
3. Soc. Sec. #
4. D.O.B.
5. Employer(s)
6. Occupation
7. Self-employed: Name & address of business
8. Date moved to City
9. If moved out give date
10. Home phone #
11. Cell phone #
12. Work phone #

13. If either of you is not employed, explain (i.e. student, under age 18. retired, or disabled), and give date of retirement or disability, etc.:

14. If you or spouse have any other source(s) of income (commissions, rental, farm, business, partnership, etc.) list them:

15. Have you ever filed a Canfield Tax Return? 16. Prior address

17. List other individuals 18 and over that reside with you. Use back if necessary.

NAME SOC. SEC. #
NAME SOC. SEC. #

18. If renting, give name, complete address, and phone number of landlord:

19. Your Signature Date 20. Spouse's Signature Date