

**WEST UNION INCOME TAX BUREAU**

**VILLAGE OF WEST UNION**

**P.O. BOX 556**

**WEST UNION, OHIO 45693**

**PHONE: (937) 217-8855**

**FAX: (937) 544-6099**

**INDIVIDUAL QUESTIONNAIRE**

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

P.O. Box \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

New Residents - Date Moved Into West Union: \_\_\_\_\_

Types of Income:

	YOU	SPOUSE	
Check	<input type="checkbox"/>	<input type="checkbox"/>	FULL TIME JOB
all	<input type="checkbox"/>	<input type="checkbox"/>	SOCIAL SECURITY
that	<input type="checkbox"/>	<input type="checkbox"/>	UNEMPLOYMENT
apply	<input type="checkbox"/>	<input type="checkbox"/>	SELF EMPLOYED

	YOU	SPOUSE	
	<input type="checkbox"/>	<input type="checkbox"/>	PART TIME JOB
	<input type="checkbox"/>	<input type="checkbox"/>	PENSION
	<input type="checkbox"/>	<input type="checkbox"/>	ADC/WELFARE
	<input type="checkbox"/>	<input type="checkbox"/>	GAMBLING/LOTTERY

	YOU	SPOUSE	
	<input type="checkbox"/>	<input type="checkbox"/>	BUSINESS OWNER
	<input type="checkbox"/>	<input type="checkbox"/>	DISABILITY
	<input type="checkbox"/>	<input type="checkbox"/>	MILITARY INCOME
	<input type="checkbox"/>	<input type="checkbox"/>	OTHER

Is City or Village Income Tax Withheld For:

YOU	SPOUSE	
<input type="checkbox"/>	<input type="checkbox"/>	WEST UNION

YOU	SPOUSE	
<input type="checkbox"/>	<input type="checkbox"/>	OTHER CITY/VILLAGE

Do you own the property in which you live?  YES  NO

If NO, list the name and address of landlord: \_\_\_\_\_

Do you own rental property?  YES  NO If YES, indicate type of property.

SINGLE FAMILY  DUPLEX  APARTMENT  TRAILER  COMMERCIAL

List any rental property located inside West Union and name of current tenant(s). - use additional sheet if necessary

\_\_\_\_\_  
\_\_\_\_\_

**LIST OTHER HOUSEHOLD MEMBERS**

PLEASE LIST ALL OTHER MEMBERS (ADULTS/CHILDREN) LIVING IN YOUR RESIDENCE

NAME	AGE	SOCIAL SECURITY #	EMPLOYER NAME (IF APPLICABLE)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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I certify that the information is accurate and complete to the best of my knowledge. Any false or misleading information is punishable under the penalties provisions of the West Union Income Tax Ordinance.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_