

## NEW RESIDENT FORM

*Welcome to the Village of Walbridge*

*Income Tax Questionnaire*

*The information requested on this form is essential to the completion of our tax records and will be held in strict confidence. Please print or type and return this form to the tax office.*

Date moved to Walbridge: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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

Employers Address: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Spouse's Employer Address: \_\_\_\_\_

1) Is city or village income tax withheld in another municipality? Yes \_\_\_ No \_\_\_

2) Would you like us to send you a quarterly tax payment form? Yes \_\_\_ No \_\_\_

3) If you are **not** currently employed, please indicate your present status:

Laid Off: \_\_\_ Unemployed: \_\_\_ Retired: \_\_\_ Other: \_\_\_\_\_

4) Are you self employed? No \_\_\_ Yes \_\_\_ If yes, what is the nature of your business?

\_\_\_\_\_ Name of business: \_\_\_\_\_

5) Do you have rental income? Yes \_\_\_ No \_\_\_

6) Do you have **any** other source of income? Yes \_\_\_ No \_\_\_ If yes please list the source below

7) Is there any other persons living at this address whom have income? Yes \_\_\_ No \_\_\_ if yes, please provide the following information.

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Is this person employed? Yes \_\_\_ No \_\_\_ If no, what is their source of income? \_\_\_\_\_

If yes, please provide information below:

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

Employers Address: \_\_\_\_\_

*If additional space is needed please use the back of this form*

**I, \_\_\_\_\_ hereby certify that the information provided above is true and accurate to the best of my knowledge.**

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

**This form must be returned to Village of Walbridge 705 N. Main St Walbridge Ohio 43465 or fax 419-661-8458 within 10 days.**