

Please sign and date at the bottom of Page 2.

**MUNICIPALITY OF NEW LEBANON
INCOME TAX DIVISION
198 SOUTH CLAYTON ROAD
NEW LEBANON, OH 45345
(937) 687-1341**

Completion and Return of this form is required by Section 36 of the New Lebanon Code of Ordinances.

INCOME TAX INFORMATION QUESTIONNAIRE - INDIVIDUAL

LAST NAME	FIRST	MIDDLE	SPOUSE'S LAST NAME	FIRST	MIDDLE		
SOCIAL SECURITY NUMBER			SPOUSE'S SOCIAL SECURITY NUMBER				
CURRENT ADDRESS				PHONE NUMBER			
PREVIOUS ADDRESS			DATE MOVED TO CURRENT ADDRESS				
PLACE OF EMPLOYMENT			SPOUSE'S PLACE OF EMPLOYMENT				
EMPLOYER'S ADDRESS	CITY	STATE	ZIP	SPOUSE'S EMPLOYER'S ADDRESS	CITY	STATE	ZIP
Does your Employer withhold any municipal Income Tax _____			For what Municipality? _____				
Does your spouse's Employer withhold municipal Income Tax? _____			For what Municipality? _____				
Do you have any other income? _____		If so, List Type: _____					
Own Home? _____	Rent? _____	If renting, give Landlord Name & Address: _____					
Do you own rental property? _____		If so, list address(es) & if single-family home(s): _____					
MULTI-FAMILY/COMMERCIAL PROPERTY(IES) ACQUIRED: _____							

LIST NAME(S) OF PERSON(S) RENTING THE PROPERTY(IES) LISTED ABOVE. ATTACH LIST IF NECESSARY.

NAME	ADDRESS	CITY	STATE	ZIP
NAME	ADDRESS	CITY	STATE	ZIP

OTHER MEMBERS OF HOUSEHOLD 16 YEARS OF AGE OR OLDER. ATTACH LIST IF NECESSARY.

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER			
PLACE OF EMPLOYMENT			EMPLOYER'S ADDRESS	CITY	STATE	ZIP
LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER			
PLACE OF EMPLOYMENT			EMPLOYER'S ADDRESS	CITY	STATE	ZIP