

Please sign and date
on reverse side.

MUNICIPALITY OF NEW LEBANON
FINANCE AND RECORDS DEPARTMENT
198 SOUTH CLAYTON ROAD
NEW LEBANON, OHIO 45345
(937) 687-1341
INCOME TAX INFORMATION QUESTIONNAIRE

Completion and Return
of this form is required
by Section 36.28 of
New Lebanon Code of
Ordinances.

LAST NAME FIRST MIDDLE SPOUSE'S 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 SPOUSE'S EMPLOYER'S ADDRESS

DOES YOUR EMPLOYER WITHHOLD ANY MUNICIPAL INCOME TAX? WHAT CITY?

DOES SPOUSE'S EMPLOYER WITHHOLD ANY MUNICIPAL INCOME TAX? WHAT CITY?

DO YOU HAVE OTHER INCOME? IF SO, LIST TYPE OF INCOME

OWN HOME RENT IF RENTING GIVE NAME AND ADDRESS OF LANDLORD

DO YOU OWN RENTAL PROPERTY? IF SO, LIST ADDRESS(ES) AND WHETHER THE PROPERTY IS SINGLE-FAMILY,
MULTI-FAMILY, OR COMMERCIAL PROPERTY(S) ACQUIRED.

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

NAME ADDRESS

NAME ADDRESS

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

LAST NAME FIRST MIDDLE SOCIAL SECURITY NUMBER

PLACE OF EMPLOYMENT EMPLOYER'S ADDRESS

ARE YOU SELF-EMPLOYED OR OTHERWISE INVOLVED IN A BUSINESS ACTIVITY? IF NO, SIGN AND DATE AT THE BOTTOM OF THIS PAGE. IF YES, COMPLETE THE FOLLOWING QUESTIONS, THEN SIGN AND DATE AT THE BOTTOM OF THIS PAGE.

TRADE NAME _____

BUSINESS ADDRESS _____

NATURE OF BUSINESS _____

DATE STARTED _____ FISCAL YEAR (Other than calendar year) _____

TYPE OF OWNERSHIP: SOLE-PROPRIETORSHIP _____ PARTNERSHIP _____

IF PARTNERSHIP, LIST PARTNER(S) NAME(S) AND HOME ADDRESS(ES):

| NAME | ADDRESS | CITY/STATE/ZIP CODE |
|------|---------|---------------------|
|------|---------|---------------------|

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| NAME | ADDRESS | CITY/STATE/ZIP CODE |
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| NAME | ADDRESS | CITY/STATE/ZIP CODE |
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FEDERAL I.D. NUMBER: _____ DO YOU HAVE EMPLOYEES? _____

DO YOU HIRE INDIVIDUALS ON A CONTRACT BASIS? _____ IF ANSWER IS YES LIST NAMES AND ADDRESSES OF SUB-CONTRACTORS. ATTACH LIST IF NECESSARY.

| NAME | ADDRESS | CITY/STATE/ZIP CODE |
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| NAME | ADDRESS | CITY/STATE/ZIP CODE |
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| NAME | ADDRESS | CITY/STATE/ZIP CODE |
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NAME AND ADDRESS TO WHICH CITY TAX FORMS ARE TO BE MAILED: _____

THE INFORMATION FURNISHED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Intentionally providing false information in an official proceeding or with purpose to mislead a public official in performing his/her official function is a violation of Section 136.30 of the New Lebanon Code of Ordinances.

Signature of Person Completing Form _____

Date _____