

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. Please use the enclosed envelope and return the questionnaire within 10 days.

Date moved to Walbridge: _____

Name: _____ Social Security No: _____

Address: _____

Spouse Name: _____ Social Security No: _____

Employers Name: _____

Employers Address: _____

Spouse's Employer: _____

Spouse's Employer Address: _____

1) Is your 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? 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: _____

Is city or village tax withheld in another municipality? Yes ___ No ___

Would you like us to send you a quarterly tax payment form? Yes ___ No ___

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 111 N. Main St Walbridge Ohio 43465 within 10 days.