

CITY OF MASSILLON
INCOME TAX DEPARTMENT
P.O. BOX 910
MASSILLON, OHIO 44648
Phone(330)830-1709
Fax(330)830-2687

City of Massillon Individual Questionnaire

Please complete this questionnaire and return it to the Income Tax Department or mail to Box 910, Massillon, Ohio 44648-0910. Information provided will be used exclusively for income tax purposes and will not be further disclosed.

1. NAME _____ SS# _____

2. SPOUSE _____ SS# _____

3. ADDRESS _____

4. DATE YOU BECAME A RESIDENT OR PROPERTY OWNER _____

5. LIST ANYONE ELSE WHO IS 18 YEARS OR OVER LIVING IN THE HOUSEHOLD.

NAME _____ SS# _____

NAME _____ SS# _____

6. NAME OF YOUR EMPLOYER _____

SPOUSE'S EMPLOYER _____

7. IS YOUR TOTAL INCOME DERIVED FROM SALARIES AND WAGES YES ___ NO ___

8. IF THE ANSWER TO #7 IS NO, PLEASE LIST OTHER SOURCES OF INCOME.

9. IF YOU ARE NOT PRESENTLY EMPLOYED, PLACE AN X AFTER THE LISTING BELOW WHICH MOST ACCURATELY DESCRIBES YOUR STATUS.

RETIRED [] DATE RETIRED _____ UNEMPLOYED []

MILITARY [] DATE ENTERED _____ GOV. ASSISTANCE []

OTHER [] _____

SIGNATURE _____ DATE _____ PHONE# (____) _____ - _____

SPOUSE _____ DATE _____