

**INDIVIDUAL QUESTIONNAIRE**

In accordance with the City of Springboro Ordinance #731 which became effective July 1, 1978, all residents are required to pay a City Income Tax at the rate of one and one half percent (1.5%) per annum on all salaries, wages, commissions, and some other types of compensation. In order to determine your city tax liability, if any, the following information is required. Please answer all questions carefully and return this questionnaire within ten (10) days.

Name \_\_\_\_\_ Soc Sec.# \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Date moved to Springboro \_\_\_\_\_

Previous address \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work phone # \_\_\_\_\_

Address where work is performed \_\_\_\_\_

Business type \_\_\_\_\_ Contact Person \_\_\_\_\_

Is employer withholding city tax \_\_\_\_\_ For what city \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work phone# \_\_\_\_\_

Address where work is performed \_\_\_\_\_

Business type \_\_\_\_\_ Contact Person \_\_\_\_\_

Is employer withholding city tax \_\_\_\_\_ For what city \_\_\_\_\_

List names and employers of other persons living in your household and working.

NAME

EMPLOYER & LOCATION OF WORK

\_\_\_\_\_

\_\_\_\_\_

Do you own home \_\_\_\_\_ Rent \_\_\_\_\_ If renting, give name & address of landlord \_\_\_\_\_

If you have income from sources other than salaries, wages, or commissions, please complete the information below, Income from poor relief, unemployment compensation, social security, pensions, military pay and similar payments are exempt from city tax.

Do you own rental property? Yes \_\_\_\_\_ No \_\_\_\_\_ List addresses of landlord \_\_\_\_\_

Income from rental properties is taxable when the monthly gross rental is in excess of \$250.00 per month. *It is requested of all owners of rental properties in Springboro to submit the names and addresses of all tenants.*

Do you have any other income? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type \_\_\_\_\_

The statements made on this questionnaire are true, correct and complete.

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

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_