

**MT. ORAB INCOME TAX BUREAU
VILLAGE OF MT. ORAB
P.O. BOX 268
MT. ORAB, OHIO 45154**

PHONE: (937) 444-2945

FAX: (937) 444-9241

INDIVIDUAL QUESTIONNAIRE

Name: _____

Social Security # _____ - _____ - _____

Spouse Name: _____

Social Security # _____ - _____ - _____

Mailing Address: _____

P.O. Box _____

Home Phone: _____

Work Phone: _____

Other Phone: _____

New Residents - Date Moved Into Mt. Orab: _____

Types of Income:

Check all that apply	<input type="checkbox"/>	<input type="checkbox"/>	FULL TIME JOB	<input type="checkbox"/>	<input type="checkbox"/>	PART TIME JOB	<input type="checkbox"/>	<input type="checkbox"/>	BUSINESS OWNER
	<input type="checkbox"/>	<input type="checkbox"/>	SOCIAL SECURITY	<input type="checkbox"/>	<input type="checkbox"/>	PENSION	<input type="checkbox"/>	<input type="checkbox"/>	DISABILITY
	<input type="checkbox"/>	<input type="checkbox"/>	UNEMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>	ADC/WELFARE	<input type="checkbox"/>	<input type="checkbox"/>	MILITARY INCOME
	<input type="checkbox"/>	<input type="checkbox"/>	SELF EMPLOYED	<input type="checkbox"/>	<input type="checkbox"/>	GAMBLING/LOTTERY	<input type="checkbox"/>	<input type="checkbox"/>	OTHER

Is City or Village Income Tax Withheld For:

YOU SPOUSE
 MT ORAB

YOU SPOUSE
 OTHER CITY/VILLAGE

Do you own the property in which you live? YES NO

If NO, list the name and address of landlord: _____

Do you own rental property? YES NO If YES, indicate type of property.

SINGLE FAMILY DUPLEX APARTMENT TRAILER COMMERCIAL

List any rental property located inside Mt. Orab and name of current tenant(s). - use additional sheet if necessary

LIST OTHER HOUSEHOLD MEMBERS

PLEASE LIST ALL OTHER MEMBERS (ADULTS/CHILDREN) LIVING IN YOUR RESIDENCE

NAME	AGE	SOCIAL SECURITY #	EMPLOYER NAME (IF APPLICABLE)
------	-----	-------------------	-------------------------------

I certify that the information is accurate and complete to the best of my knowledge. Any false or misleading information is punishable under the penalties provisions of the Mt. Orab Income Tax Ordinance.

Signed: _____

Signed: _____

Date: _____