

CITY OF CANFIELD INDIVIDUAL QUESTIONNAIRE

104 LISBON STREET, CANFIELD, OHIO 44406 - 330-533-1101

INCOME TAX DEPARTMENT

DATE _____

The City of Canfield has a 1% City Income Tax. To establish and maintain accurate records the Income Tax Ordinance requires that you complete this questionnaire. This information is confidential and will only be used by the Income Tax Department. Please answer all the questions and return this form to us. Thank you.

SELF:

SPOUSE:

1. Soc. Sec. # _____

Soc. Sec. # _____

2. If under age 18 - D.O.B. _____

If under age 18 - D.O.B. _____

3. Employer(s) _____

Employer(s) _____

4. Date moved to City _____

Date moved to City _____

5. Date moved from City _____

Date moved from City _____

6. Work phone # _____

Work phone # _____

7. Home phone # _____

8. If either of you is not employed, explain (i.e. student, retired, or disabled) and give date of retirement or disability, etc.

9. If you or spouse have any other source(s) of income (commissions, rental, farm, business, partnership, etc.) list them:

10. Have you ever filed a Canfield Tax Return? _____

11. Prior Account # _____

12. List other individuals 18 and over that reside at above address.

NAME _____

SOC. SEC. # _____

NAME _____

SOC. SEC. # _____

13. If renting, give name and complete address of landlord: _____

14. _____
Your Signature Date

15. _____
Spouse's Signature Date

Thank you,
Gail L. Friedenberger
Income Tax Clerk