

<u>OFFICE USE ONLY</u>
ACCT NO. _____
DATE _____
SOURCE _____

**Village of Bellaire
Income Tax Department
3197 Belmont Street
Bellaire, Ohio 43906
740-676-2710
740-671-6055 (fax)
Individual Questionnaire**

THIS INFORMATION REQUESTED ON THIS FORM IS ESSENTIAL TO THE COMPLETION OF OUR RECORDS AND WILL BE HELD IN STRICT CONFIDENCE.

1. Social Security No. _____ Spouse Social Security No. _____
 2. Name _____ Spouse Name _____
 3. Street No. _____ Street Name _____ Apartment _____
 4. City _____ State _____ Zip Code _____
 5. Telephone No. _____
 6. Date Moved To Present Address _____
 7. Previous Address _____
 8. Are You Employed At The Present Time? _____ Is Spouse? _____
 9. Employer Name _____
Spouse Employer Name _____
 10. Bellaire Tax Being Withheld? _____ Spouse? _____
 11. Do you Pay Income Tax To Other Cities? _____ If So, Where _____
 12. Previous Employer's Name _____
 13. Do You Have Other Income? _____ Spouse _____
 14. Do You Or Spouse Have Rental Property? _____
 15. If Not Employed At Present Indicate One Of The Following (Use **I** for You or **S** for Spouse)
Laid Off _____ Retired _____ Public Assistance _____ SSI/Disability _____
Unemployed _____ Unemployed Benefit _____
- Date _____ Signature _____