

OFFICE USE ONLY

A/C NO. _____

DATE _____

SOURCE _____

**CITY of ZANESVILLE
INCOME TAX DEPARTMENT
401 MARKET STREET
ZANESVILLE, OHIO 43701**

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. Is Zanesville Tax Being Withheld? _____ Spouse? _____
11. Do You Pay Income Tax To Other Cities? _____ If So, Where _____
12. Previous Employer's Name _____
Spouse Previous Employer Name _____
13. Do You Have Other Income? _____ Spouse _____
14. Do You Or Spouse Have Rental Property? _____
15. If Not Employed At Present Indicate In One Of The Following: (Use I For You or S For Spouse)
Laid Off _____ Retired _____ Public Assistance _____ *SSI/Disability* _____
Unemployed/Unemployed _____

Date _____ Signature _____