

**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 \_\_\_\_\_