

CITY OF MAUMEE - DIVISION OF TAXATION

Return form to: 400 CONANT ST., MAUMEE, OH 43537 or Fax to (419) 897-8924

Please complete and return this questionnaire to the above address.

Name _____ Spouse's Name _____

Address _____

SSN _____ Spouse's SSN _____

Date of Birth _____ Spouse's Date of Birth _____

Phone Number _____ Email Address _____

1. Date moved to this address _____ If applicable, date moved out: _____

2. Do you own this property? YES ___ NO ___ If renting, give Name & Address of Landlord.

3. Your previous address _____

4. Your Employer's Name _____

Address where you work: _____
Street City State Zip

Is City Income Tax withheld? Yes ___ No ___ What City? _____

OR, Check if you are: Unemployed ___ Retired ___ Military ___ Permanently Disabled ___

Other (Explain) _____

5. Name of Spouse's Employer: _____

Address where spouse works: _____
Street City State Zip

Is City Income Tax withheld? Yes ___ No ___ What City? _____

6. Do you have other income? Yes ___ No ___ (i.e. Rental Income, Commissions, Non-employee compensation, etc.)

If yes, please define _____

7. Do you receive gross rental income of \$100.00 or more per month? YES ___ NO ___

If yes, give Street, City, State, Zip of rental property:

Address: _____

Note: Owners of City of Maumee rental property are required by ordinance to notify the Income Tax Division within thirty (30) days of a tenant moving in or out of the rental property.

8. List other members of your household who are employed:

Name SSN Relationship Employer Name & Address

Provide additional names on the back of this form.

I certify the above information is true and correct. _____

Resident's Signature