INDIVIDUAL INCOME TAX QUESTIONNAIRE

CITY OF OREGON OHIO
INCOME TAX DEPARTMENT
5330 SEAMAN ROAD * OREGON, OH 43616 * 419-698-7034 * FAX: 419-698-7049

Name: _____
Address: _____
_____

SS #: _____
Telephone#:

1. Do you own or rent the property listed above? _____Own _____Rent Live with parents: _____

   If renting, state name and address of landlord: _____

2. Date you moved into Oregon: _____ Date you moved out, if applicable: _____

   State your previous address: _____

3. Are you presently employed? _____Yes _____No

a. If presently employed, please state employer name and address(es) where you ***physically*** report to work: _____

b. If not currently employed, do you anticipate working in the future? _____Yes _____ No

c. If you answered no to the above question, are you retired or on permanent disability?

_____ Yes _____ No

4. Do you have other taxable income or are you engaged in any other business activity? _____

5. If yes, please explain: _____

6. Do any other individuals with taxable income reside at this address? _____ Yes _____ No

7. If yes, state name and relationship: _____

a. Please include social security number, if known: _____

I certify the above to be true and accurate: _____ _____
Signature Date

The City of Oregon levies an Income Tax at the rate of 2.25% on all salaries, wages, net earnings from business activities, and other compensation earned by its residents, ***regardless of age and gross wage amounts or where it was earned***. This tax equally applies to non-residents to the extent that they are engaged in business activities within the City. Information requested here is necessary to establish your income tax account and shall be held in strict confidence as stated in Ordinance No. 26-2003. Please complete all portions of this form and return within 10 days. **PLEASE BE AWARE THAT IT IS MANDATORY FOR ALL OREGON RESIDENTS HAVING TAXABLE INCOME TO FILE A CITY RETURN EACH YEAR.** If you have any questions please phone our office at 419-698-7034.