



CITY OF VAN WERT

INCOME TAX DEPARTMENT
515 E MAIN ST • VAN WERT, OH • 45891

CONFIDENTIAL INCOME TAX QUESTIONNAIRE

The City of Van Wert has **MANDATORY** filing for **ALL** city residents. The following information is required for you to comply with the Van Wert City Ordinance. Please answer all questions fully and return the completed form to our office within 15 days from receipt.

All information on this form is confidential and will only be used by the Van Wert City Income Tax Department.

Are you under 18 years of age? Yes No If yes, please provide birthdate: _____

Are you over 65? Yes No Spouse over 65? Yes No

If yes, are you employed? Yes No Retired Spouse employed? Yes No Retired

If yes, Employer Name? _____ If yes, Employer Name? _____

Employer Address? _____ Employer Address? _____

1. Name _____ Social Security # _____

Spouse's name _____ Social Security # _____

Address _____ City, State, Zip _____

Own Rent Landlord Name (if Rental): _____ Date moved to this address _____

2. Previous address _____ City, State, Zip _____

3. Telephone Numbers: Home _____ Cell: _____ Spouse Cell: _____

Email Address: _____ Spouse Email Address: _____

4. Are you or your spouse self-employed? Yes No

If yes, please provide the business name (if any): _____

Address of business: _____

Do you have any employees working in the City of Van Wert? Yes No

5. Do you or your spouse have: Rental Properties Trust Income Farm Income (Check all that apply)

If yes, please provide location of Rental Property and date purchased (attach additional sheets if necessary):

Location _____ Date purchased _____

Location _____ Date purchased _____

6. Are you or your spouse on U.S. military active duty? Yes No If yes, which one(s): You Spouse

7. Other individuals who reside at this address who are over the age of 16: **Do not list children under 16**

Name	Social Security #	Birthdate	Employer	Employer Address

I declare that the above information is true, correct and complete.

Signature _____ Date _____

Spouse Signature _____ Date _____