

CITY OF HAMILTON INCOME TAX DIVISION 345 High Street, Suite 310 Hamilton, Ohio 45011	INDIVIDUAL QUESTIONNAIRE		Phone: 513 785-7400 Toll Free: 1 800 854-1684 Fax: 513 785-7401 Email: citytax@ci.hamilton.oh.us Website: www.hamilton-city.org/tax
	<input type="checkbox"/> HAMILTON – 2.0 % <input type="checkbox"/> NEW PARIS – 1.0 % <input type="checkbox"/> PHILLIPSBURG – 1.5 %	CHECK APPROPRIATE CITY USE A SEPARATE FORM FOR EACH CITY	

Please assist us in completing your account information. If you should have any questions while completing this form, please contact our office. Mail or fax within 10 business days. Thank you for your cooperation.

Taxpayer Name _____ **Social Security #** _____

Address* _____

**If you have not lived at above address for 7+ years, please list your addresses for the last 7 years from most recent to oldest on the back of this form.*

Home Phone # _____ **Daytime Phone #** _____

Email _____

Date moved into City _____ **Do you (Please Check One):** ___ Own ___ Rent ___ Lease

If you rent or lease, what is the name and address of your landlord? _____

Type of Income (Please check all that apply)

___ Employed ___ Self-Employed ___ Rental Property Owner ___ Armed Forces ___ Retired ___ Disabled ___ Other _____
(W2 Wages) (Schedule C) (Schedule E) (Please Specify)

Name of Employer*: _____

Address of Employer: _____

Is local tax being withheld? *(Please check one):* ___ Yes, name of City _____ ___ No

**If you have not worked for above employer for 7+ years, please list all employers for the last 7 years from most recent to oldest on the back of this form.*

For each Employer Include: Employer Name, Address, Start & End Dates, If city tax was withheld list the city that tax was withheld for.

Self-employed: Describe the nature of your work and list the years you have been self-employed _____

Schedule C filers: Date began business(es) in city _____

Schedule E filers: Date purchased rental property and location _____

If you have multiple rental properties, please list the purchase date and location of each property on the back of this form.

Spouse's Name _____ **Social Security #** _____

Address* _____

**If you have not lived at above address for 7+ years, please list your addresses for the last 7 years from most recent to oldest on the back of this form.*

Home Phone # _____ **Daytime Phone #** _____

Email _____

Date moved into City _____

Type of Income (Please check all that apply)

___ Employed ___ Self-Employed ___ Rental Property Owner ___ Armed Forces ___ Retired ___ Disabled ___ Other _____
(W2 Wages) (Schedule C) (Schedule E) (Please Specify)

Name of Employer*: _____

Address of Employer: _____

Is local tax being withheld? *(Please check one):* ___ Yes, name of City _____ ___ No

**If you have not worked for above employer for 7+ years, please list all employers for the last 7 years from most recent to oldest on the back of this form.*

For each Employer Include: Employer Name, Address, Start & End Dates, If city tax was withheld list the city that tax was withheld for.

Self-employed: Describe the nature of your work and list the years you have been self-employed _____

Schedule C filers: Date began business(es) in city _____

Schedule E filers: Date purchased rental property and location _____

If you have multiple rental properties, please list the purchase date and location of each property on the back of this form.

Is anyone else in your household working? ___ Yes, Give the person's Name and Social Security # below ___ No

Name _____ Social Security # _____

Name _____ Social Security # _____

Taxpayer Signature _____ **Date** _____

Spouse Signature _____ **Date** _____