

VILLAGE OF PLEASANT HILL EARNINGS TAX

Official Earnings Tax Information Questionnaire

PLEASE COMPLETE AND RETURN THIS FORM. DO NOT DISREGARD OR DISCARD.

The information requested on this form is essential for the completion of our records and will be kept confidential. Authorized by Ordinance 961.

PLEASE PRINT OR TYPE

1. Name _____ Social Security No. _____ Date of Birth _____
Address _____ City _____ State _____ Zip Code _____
PO Box _____ Telephone Number _____ Date moved to Pleasant Hill _____
Do you own or rent your place of residence? Own _____ Rent _____
If renting, give the name and address of landlord _____

Spouse's name _____ Spouse's SSN _____ Date of Birth _____
Address _____ City _____ State _____ Zip Code _____

2. Your source of income: _____
Address _____ City _____ State _____ Zip Code _____
City of Employment _____ Date Employment Began _____

Spouse's source of income: _____
Address _____ City _____ State _____ Zip Code _____
City of Employment _____ Date Employment Began _____

List any other employer or source of income for you or your spouse:
Name _____ Address _____
Name _____ Address _____

3. If retired, indicate date of retirement _____ Do you have other income? Yes _____ No _____
If yes, list source(s) of income _____

4. Do you receive rental income? Yes _____ No _____
If yes, give address of each rental property, date acquired, and list all tenants. (If more lines are needed, please write on the back of this questionnaire and indicate "See Back".)
Address _____ Date Acquired _____ Name of Tenant(s) _____

5. List names of any other persons residing with you, including college students, either part-time or full-time, during the calendar year. (If more lines are needed, please write on the back of this questionnaire and indicate "See Back".)
Name _____ Social Security Number _____ Date of Birth _____ Name and Address of Employer _____

The statements made on this questionnaire are true, correct, and complete to the best of my knowledge.

Signature _____ Date _____ Spouse's Signature _____ Date _____

PLEASE RETURN THIS QUESTIONNAIRE WITHIN TWENTY (20) DAYS TO THE VILLAGE OF PLEASANT HILL, TAX ADMINISTRATOR, PO BOX 305, PLEASANT HILL, OH 45359 QUESTIONS? CALL (937) 676-3321