

City of Trotwood
Income Tax Support Services
4 Strader Drive, Trotwood OH 45426
(937) 837-3415

INDIVIDUAL QUESTIONNAIRE

The following information will assist us in determining your filing requirements. Please answer all questions fully and mail this questionnaire to the address shown above. If you have any questions concerning this form, or about the municipal tax, please do not hesitate to contact us.

YOUR INFORMATION

NAME: _____ SSN: _____

ADDRESS: _____

DATE MOVED INTO TROTWOOD: _____ PHONE NUMBER: _____

PREVIOUS ADDRESS INFORMATION:
ADDRESS

MOVED IN DATE

MOVED OUT DATE

YOUR EMPLOYMENT INFORMATION

(If more than one employer, attach listing to this form)

EMPLOYER'S NAME: _____

WORK LOCATION ADDRESS: _____

DATE EMPLOYMENT BEGAN: _____ EMPLOYER'S PHONE: _____

SPOUSE INFORMATION

NAME: _____ SSN: _____

ADDRESS: _____

DATE MOVED INTO TROTWOOD: _____ PHONE NUMBER: _____

PREVIOUS ADDRESS INFORMATION:
ADDRESS

MOVED IN DATE

MOVED OUT DATE

SPOUSE EMPLOYMENT INFORMATION

(If more than one employer, attach listing to this form)

EMPLOYER'S NAME: _____

WORK LOCATION ADDRESS: _____

DATE EMPLOYMENT BEGAN: _____ EMPLOYER'S PHONE: _____

HOUSEHOLD INFORMATION

List the name, social security number and date of birth for all other individuals over the age of 16 who live in your household.

NAME	SSN #	DATE OF BIRTH	EMPLOYED BY
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I certify that the information contained above is true and accurate to the best of my knowledge.

SIGNATURE OF INDIVIDUAL COMPLETING FORM

DATE COMPLETED