

*City of Washington Court House Income Tax Department  
117 N. Main St.  
Washington Court House, Ohio 43160  
Phone 1-740-636-2342 Fax 1-740-636-2348*

***Individual Income Tax Questionnaire***  
*Please complete and return within 5 days.*

*Name: \_\_\_\_\_*  
*First* *Middle* *Last*

*Address: \_\_\_\_\_*

*Date moved into the City of Washington Court House: \_\_\_\_\_*

*Social Security Number: \_\_\_\_\_*

*Spouse's Name: \_\_\_\_\_*

*Spouse's Social Security Number: \_\_\_\_\_*

*Are you renting your present residence? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Landlord name: \_\_\_\_\_*

*Present Employer: Name \_\_\_\_\_*

*Spouse's Employer: Name \_\_\_\_\_*

*Do you have rental Income? Yes \_\_\_\_\_ No \_\_\_\_\_*

*If your income is not subject to The City of Washington Income tax or you are currently unemployed, please list your source of income below.*

- Temporary unemployment*       *Other \_\_\_\_\_*  
 *Retired on Pension*       *US Armed Service*  
 *Retired on Social Security*

*I hereby certify that all information and statements herein are true and correct.  
I understand that all information contained herein is confidential.*

*Name: \_\_\_\_\_*  
*Please Print* *Date: \_\_\_\_\_*

*Signature: \_\_\_\_\_*