

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
() Retired on Social Security () US Armed Service

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

Name: _____ Date: _____
 Please Print

Signature: _____