

City of Greenville Income Tax
Municipal Building, 100 Public Square
Greenville OH 45331
Phone 937-548-5747 Fax 937-548-3035
(FORM WIQ)

Official Income Tax Information Questionnaire

PLEASE COMPLETE ALL QUESTIONS AND RETURN THIS FORM. DO NOT DISREGARD.
The information requested on this form is essential for the completion of our records and will be kept confidential.
Authorized by Ordinance No. 04-129

PLEASE PRINT OR TYPE

1. Name _____ Social Security No. _____ Date of birth _____
Address _____ City _____ State _____ Zip _____
Spouse's Name _____ Spouse's Soc. Sec. No. _____ Date of birth _____
Spouse's Address _____ City _____ State _____ Zip _____
Date moved into Greenville city limits _____ Telephone No. _____ Cell Phone No. _____
If you no longer live in Greenville, list the dates you lived within Greenville city limits _____
Do you own or rent your place of residence? Own _____ Rent _____
If renting, give name and address of landlord _____

2. Your source of income: W-2 Income; Self Employment; Active Military; Retirement; Unemployment benefits; Farm Income; ADC; Welfare; Alimony; Child Support; Supported by relative or friend; Other: _____
3. Spouse source of income: W-2 Income; Self Employment; Active Military; Retirement; Unemployment benefits; Farm Income; ADC; Welfare; Alimony; Child Support; Supported by relative or friend; Other: _____
4. Do you receive rental income? Yes _____ No _____
If yes, give address of each rental property, date acquired and list of all tenants. (Attach list if necessary)
- | <u>ADDRESS</u> | <u>DATE ACQUIRED</u> | <u>NAME(S) OF TENANTS</u> |
|----------------|----------------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
5. List names of any other persons, **18 years of age or over**, including college students living at this address either part-time or full-time during calendar year:
- Name _____ Social Security No. _____ Date of birth _____
Source of income: W-2 Income; Self Employment; Active Military; Retirement; Unemployment benefits; Farm Income; ADC; Welfare; Alimony; Child Support; Supported by relative or friend; Other: _____
- Name _____ Social Security No. _____ Date of birth _____
Source of income: W-2 Income; Self Employment; Active Military; Retirement; Unemployment benefits; Farm Income; ADC; Welfare; Alimony; Child Support; Supported by relative or friend; Other: _____
- Name _____ Social Security No. _____ Date of birth _____
Source of income: W-2 Income; Self Employment; Active Military; Retirement; Unemployment benefits; Farm Income; ADC; Welfare; Alimony; Child Support; Supported by relative or friend; Other: _____

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

(Signature)

(Date)

(Spouse - Signature)

(Date)

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CONTACT THE GREENVILLE TAX OFFICE AT (937) 548-5747. PLEASE RETURN WITHIN TWENTY (20) DAYS.