

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

Official Income Tax Information Questionnaire
(FORM WIQ)

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 to Greenville _____ Telephone 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: _____
Address _____ City _____ State _____ Zip _____
City of employment _____ Date Employment Began _____
Spouse source of income: _____
Address _____ City _____ State _____ Zip _____
City of employment _____ Date Employment Began _____
List any other employer 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 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. Indicate name, social security number, date birth and name and address of employer

<u>NAME</u>	<u>SOC SEC NUMBER</u>	<u>DATE OF BIRTH</u>	<u>NAME & ADDRESS EMPLOYER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.