



DEPARTMENT OF TAXATION AND REVENUE

135 North Detroit Street Bellefontaine, Ohio 43311-1463

Telephone: 937/593-8362 FAX: 937/593-8372

The City of Bellefontaine has **MANDATORY REGISTRATION AND TAX FILING** for all City residents eighteen (18) years of age and older. A tax return **MUST** be filed, regardless of the type of income, or that your employer withholds any City tax. Please complete and return this confidential questionnaire within **TEN (10) DAYS** so that we may establish your current tax status. **THANK YOU! (Bellefontaine tax rate is 1.6%)**

NAME _____ SS# _____ Birthdate _____

SPOUSE NAME _____ SS# _____ Birthdate _____

Present address _____ From _____ To _____

Previous address _____ From _____ To _____

If you rent or lease, name and address of landlord or owner _____

Employer name and address _____ Occupation _____

Spouse employer name and address _____ Occupation _____

Does employer withhold City tax? Yes _____ No _____ What City? _____

Spouse employer withhold City tax? Yes _____ No _____ What City? _____

Do you have rental properties? Yes _____ No _____ Please list all addresses on back of form.

Do you have farm income? Yes _____ No _____ Please list all addresses on back of form.

Do you have disability income? Yes _____ No _____ If yes, date started _____

Source of disability income _____

Do you have any other miscellaneous income? Yes _____ No _____ Source _____

Please use the back of this form to list all persons over the age of eighteen (18) who live in your household. We must also have their Social Security numbers, date of birth and place of employment.

Your Signature _____ Date _____

Spouse Signature _____ Telephone number _____