

**Village of West Jefferson**

**Date** \_\_\_\_\_

**Income Tax Department**

28 E. Main St., West Jefferson, Ohio 43162

614-879-9757 Fax 614-879-5338

rarnott@westjeffersonohio.gov

**Individual Mandatory Questionnaire**

1% Income Tax Rate

Information requested on this form will be held in strict confidence.

(Please complete and sign this questionnaire and return within 10 days.)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Your SS# \_\_\_\_\_

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Spouse SS# \_\_\_\_\_

Phone# \_\_\_\_\_

Date you became resident: \_\_\_\_\_

Your employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

\_\_\_\_\_ Temporary Unemployed

\_\_\_\_\_ On Disability

\_\_\_\_\_ Retired (Date retired \_\_\_\_\_)

If renting who is your landlord: \_\_\_\_\_

(Name, address, phone) \_\_\_\_\_

Do you have rental property in the Village of West Jefferson? \_\_\_\_\_  
(if yes, please provide the address)

List any other person(s) and their SS# living at your address who is 18 years or older.

\_\_\_\_\_  
\_\_\_\_\_

The information hereby is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_