

City of Wauseon
Income Tax Department

230 Clinton Street • Wauseon, OH 43567-1198
Phone (419) 335-1171 • Fax (419) 335-0063

Individual Questionnaire

Date _____

The information required on this form is essential to the completion of our records and will be held in strict confidence, as authorized by Tax Ordinance 1970-14. Please complete the necessary information and return within the next 10 days, return envelope enclosed.

- 1 Name: _____ SSN: _____
- 2 Spouse's Name: _____ SSN: _____
- 3 Address: _____ Phone: _____
- 4 Employer's Name: _____ Occupation: _____
Address: _____
Local Tax Withheld? Y or N _____ Which City? _____
- 5 Spouse's Employer's Name: _____ Occupation: _____
Address: _____
Local Tax Withheld? Y or N _____ Which City? _____
- 6 List other residents in the household, 16 years and older. (List on back if needed)
- Name: _____ SSN: _____
Employer's Name: _____ Occupation: _____
Address: _____
Local Tax Withheld? Y or N _____ Which City? _____
- 7 Date you became a resident of Wauseon? _____
- 8 Do you own rental property? Y or N _____ Date Acquired: _____
Address of rental property: _____
- 9 If you have not been employed while a resident of Wauseon, check status:
 Retired Student Other, explain: _____

I certify the above information is correct:

Signature: _____ Date: _____

Note: If during the year you are employed, or become employed where Wauseon City Income Tax is not withheld from your wages, you are required to file a City Income Tax Estimate within 105 days of becoming subject to city income tax for the first time. Failure to file estimates and pay quarterly will subject you to a considerable fine when the tax return is filed. Contact the tax office for further information.