

CITY OF ALLIANCE
INCOME TAX DEPARTMENT
504 E MAIN ST
ALLIANCE, OH 44601
INDIVIDUAL QUESTIONNAIRE

The following information is necessary for our records. Please complete and return within 10 days.

Residents complete all questions. Non-Residents complete 1,3, an 8 only.

1. Name _____ Social Security # _____
Employer(s) _____ Date of Employment _____
Address _____ Occupation _____
2. Spouse _____ Social Security # _____
Employer(s) _____ Date of Employment _____
Address _____ Occupation _____
3. Residence _____ Telephone # _____
City _____ State _____ Zip _____
4. Date moved into City _____ if moved out date _____
5. Previous name and/or address in Alliance _____
6. Are you retired and on pension/social security? _____
7. Do present employers withhold city tax? _____ City? _____
8. Do you have rental income in excess of \$100 per month? _____
Address _____
(use other side of paper, if more space is required)
9. List other employed members of household and br employed occupants _____
(excluding members under the age of 16)
10. Name and address or owner of property if you are renting.
Signature _____ Date _____
Signature _____ Date _____