

CITY OF MOUNT VERNON, OHIO
INDIVIDUAL QUESTIONNAIRE

Debbie Tyson
Administrator
www.mountvernonohio.org

Division of Income Tax
3 North Gay Street
Phone 740-393-9524
Fax 740-397-5293

Name _____

Street _____

Refer to : _____

City _____

For the purpose of setting up our records with regard to Mount Vernon Income Tax, please **fill in and return** promptly the following Questionnaire. Type or print plainly, and **answer all questions**. A return envelope is enclosed for your convenience. This will enable us to establish accurate records. Thank you for your cooperation.

1. Date you became a resident within the city limits of Mount Vernon _____

2. Your Social Security number _____ Phone Number _____

3. Are you employed? Yes ___ No ___ Is any income derived from: Salary ___ Wages ___ Self employment ___
Part time employment ___ Contract labor ___ Miscellaneous Income ___ Pass Thru Entity ___

4. List all sources of income and/or employers:

Name of employer, contract labor and/or miscellaneous income	Address	Date
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[] _____

[] _____

[] _____

[] _____

(If Mount Vernon City Tax is deducted by Employer mark "X" in box to left)

5. Spouse's name _____ Spouse's Social Security No. _____

Is your Spouse employed? Yes ___ No ___ Spouse's employer & address _____

6. List persons (over 18) residing at your address above (see other side).

7. If unemployed mark "X" in box which most accurately describes your situation:

[] Retired on Pension or Social Security [] Unemployable because of age or health

[] Unemployed Housewife [] In U.S. Armed Service

[] Student [] Check if under 18 years of age

[] Other reasons (Please specify on other side)

8. Do you have Rental Income? _____ If yes, give potential yearly gross _____

9. Rental address _____

Signed _____ Date _____

List:

General Contractor and address _____

Subcontractor (s) and address (es):

Notes, comments or additional information: