

CITY OF CAMBRIDGE OHIO

INDIVIDUAL QUESTIONNAIRE FORM

Income Tax Department 1131 Steubenville Avenue, Cambridge, Ohio 43725
www.cambridgeoh.org

Phone (740)-439-2355
Fax (740)-435-0149

Dear Resident:

Welcome to Cambridge!

As a resident of the City of Cambridge, you deserve to have Income taxes administered fairly and uniformly. In an effort to properly maintain our records in accordance with Cambridge City Ordinance, mandatory registration is enacted for all residents of the City of Cambridge.

City Ordinance, Chapter 95, requires all residents to register with the Income Tax Department **and** to **file** a City tax return each year regardless of any tax due to Cambridge. Your tax return will be available to you by January 1, and is required to be filed by April 15.

Tax forms are available online at: www.cambridgeoh.org - **City Government - Treasurer - Income Tax**

For 2016 and forward, the State of Ohio Legislature changed the laws governing municipal income taxes. You must make estimated payments if you owe over \$200 per year in taxes. This is determined by amount of tax due after withholding for the municipality and credit for taxes paid to another municipality, if applicable. A declaration must be filed along with the annual return if the \$200 threshold is met or the current situation has changed such that estimated taxes are not required.

Due dates were changed to earlier than in previous years.

1st quarter due April 15, 2016 (When the emancipation Day Holiday falls on the 15th, the due date is April 18)

2nd quarter due by June 15 th

3rd quarter due by September 15th

4th quarter due by December 15th

Cambridge income tax allows a Federal Extension to be submitted. Please send a copy of the extension in before the tax deadline. The extension does not extend the date the tax payment is due for the return or estimated taxes. A late payment penalty plus interest can be charged.

The penalty for late payment of a quarterly estimate tax payment is 15% of the past due amount plus an interest charge of .417% per month or 5% per year of the unpaid balance.

Please complete the following form and return within 10 days.

Please feel free to come in or call for assistance or have questions answered.

Sincerely,

The City of Cambridge

Income Tax Department

**CITY OF CAMBRIDGE INCOME TAX DEPARTMENT
1131 STEUBENVILLE AVENUE, CAMBRIDGE OH 43725
Phone (740)-439-2355 Fax (740)-435-0149**

INDIVIDUAL QUESTIONNAIRE FORM

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ACCOUNT NUMBER _____

1. **Name** _____ **Date of Birth** - _____

2. **Spouse's name** (if not shown) _____ **Date of Birth** _____

3. **SOCIAL SECURITY NO(S)**. _____

4. **CURRENT RESIDENTIAL ADDRESS** _____ **DATE MOVED IN** - _____

5. **PREVIOUS ADDRESS** _____ **DATE MOVED IN** - _____

(If less than two (2) years at current address)

6. **TELEPHONE NUMBER** **Home** _____ **Cell** _____ **Work** _____

7. LIST THE NAMES AND SOCIAL SECURITY NUMBERS OF ALL PERSONS AGE 18 OR OVER THAT RESIDE AT THIS ADDRESS, AND THEIR PLACE OF EMPLOYMENT. PLEASE LIST INFORMATION ON BACK OF THIS FORM.

8. If you are retired or your sole source of income is one listed below, please check here _____

Non-Taxable income – Social Security, Pension/Retirement, Interest, Dividends, Permanent Workers Compensation, Active Military Pay, or under 18 years of age. (Please circle which type applies)

9. If you are employed, please list where you are employed and the date started

Name - _____ Employer - _____

Name - _____ Employer - _____

10. Do you own any property you rent to others? Y N Please list addresses on back of this form and the date acquired

11. Do you rent your current residence? Yes _____ No _____ if yes, list landlords name and address on back.

I ATTEST THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED: _____ DATE: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____