

**City Of Cambridge Income Tax Department
828 Wheeling Avenue, Cambridge, OH 43725
Phone (740) 439-2355 Fax (740) 435-0149**

INDIVIDUAL QUESTIONNAIRE FORM

City Ordinance Chapter 95 requires all residents of the City of Cambridge 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 form will be available to you online by January 1st of each year and is due by April 15th.

PLEASE COMPLETE AND RETURN THE QUESTIONNAIRE WITH 10 DAYS.

Account Number _____ Tax Office Use Only

Your Name and Spouse	Date of Birth	Social Security Number	Place of Employment	Date Started

Current Residential Address _____ Date Moved In _____

Previous Address _____ Date Moved In _____
(If less than two years at current address.)

Telephone Number - Home _____ Cell _____ Work _____

e-mail address _____

List the names and social security numbers of all persons age 18 or over that reside at this address (besides you and your spouse) and their place of employment. List any additional on the back of this form.

Name	Social Security Numbers	Employment

If you are retired OR your sole source of income is listed below, please check this box.
Non-taxable income - Social Security, Pension/Retirement, Interest, Dividends, Permanent Workers Compensation, Active Military Pay, or income earned by people under the age of 18.
(Please circle which type applies to you.)

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

Do you rent your current residence? Y N If yes, list landlord's name and address below.

I ATTEST THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED _____ DATE _____

MAILING ADDRESS _____

PHONE NUMBER _____