



DEPARTMENT OF TAXATION AND REVENUE  
Beth A. Christian, Tax Administrator  
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Telephone 937/593-8362 FAX 937/593-8372

The City of Bellefontaine has **MANDATORY REGISTRATION AND TAX FILING** for all City residents eighteen (18) years of age and older. A tax return **MUST** be filed, regardless of the type of income, or that your employer withholds any City tax. Please complete and return this confidential questionnaire within **TEN (10) DAYS** so that we may establish your current tax status. **THANK YOU!**

NAME \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate \_\_\_\_\_

Present address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

If you rent or lease, name and address of landlord or owner \_\_\_\_\_

Employer name and address \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse employer name and address \_\_\_\_\_ Occupation \_\_\_\_\_

Does employer withhold City tax? Yes \_\_\_\_\_ No \_\_\_\_\_ What City? \_\_\_\_\_

Spouse employer withhold City tax? Yes \_\_\_\_\_ No \_\_\_\_\_ What City? \_\_\_\_\_

Do you have rental properties? Yes \_\_\_\_\_ No \_\_\_\_\_ Please list all addresses on back of form.

Do you have farm income? Yes \_\_\_\_\_ No \_\_\_\_\_ Please list all addresses on back of form.

Do you have disability income? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date started \_\_\_\_\_

Source of disability income \_\_\_\_\_

Do you have any other miscellaneous income? Yes \_\_\_\_\_ No \_\_\_\_\_ Source \_\_\_\_\_

Please use the back of this form to list all persons over the age of eighteen (18) who live in your household. We must also have their Social Security numbers, date of birth and place of employment.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Telephone number \_\_\_\_\_