

CITY OF BRUNSWICK
INCOME TAX DEPARTMENT (330) 558-6815
4095 CENTER RD P O BOX 0816
BRUNSWICK OH 44212

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE. THIS INFORMATION IS NEEDED TO ESTABLISH ACCURATE AND UPDATED RECORDS FOR THE INCOME TAX DEPARTMENT.

DATE MOVED IN _____ OWN _____ RENT _____
LANDLORD'S NAME & ADDRESS:

YOUR NAME: _____ SOC SEC# _____
DATE OF BIRTH _____
PLACE OF EMPLOYMENT _____ DATE HIRED _____

SPOUSE'S NAME _____ SS# _____
DATE OF BIRTH _____
PLACE OF EMPLOYMENT _____ DATE HIRED _____

PERSON (s) IN YOUR HOUSEHOLD EIGHTEEN (18) YEARS OF AGE OR OLDER:

NAME	SS NUMBER	D O B	EMPLOYER
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NAME	SS NUMBER	D O B	EMPLOYER
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IF RETIRED: DATE OF RETIREMENT _____ SELF EMPLOYED YES _____ NO _____

REPORT ALL OTHER SOURCES OF INCOME i.e. PARTNERSHIP, SUB S, RENTAL PROPERTY ETC AND LOCATION OF EACH _____

ALL BRUNSWICK RESIDENTS 18 YEARS AND OVER MUST FILE A CITY INCOME TAX RETURN WHETHER EMPLOYED OR NOT. (USE REVERSE SIDE FOR ADDITIONAL DATA)

SIGNATURE	DATE	RESIDENT PHONE	BUSINESS PHONE
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LIST ON BACK OF FORM: NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF ALL MEMBERS OF HOUSEHOLD WITH NO TAXABLE INCOME (UNDER 18 YRS OR RETIRED)

RETURN BY:

THANK YOU FOR YOUR COOPERATION.
CITY OF BRUNSWICK INCOME TAX DEPARTMENT