

**CITY OF PICKERINGTON
INCOME TAX DEPARTMENT**

100 Lockville Road
Pickerington, Ohio 43147
Phone: (614) 837-4116
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CITY OF
PICKERINGTON

**INDIVIDUAL QUESTIONNAIRE
(MANDATORY REGISTRATION)**

The information requested on this form is essential to maintaining accurate records in the tax office and will be held in strict confidence. Thank you for your prompt cooperation.

Please print name, including spouse, as official account should appear.

NAME: _____ HOME PHONE: _____

SPOUSE: _____

List any other person and their SSN living at your address who is **18 years of age or older**:

PRESENT ADDRESS: _____ SINCE: _____

PREVIOUS ADDRESS: _____

YOUR SSN: _____ SPOUSE SSN: _____

YOUR EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ WORK PHONE: _____

SPOUSE'S EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ WORK PHONE: _____

If retired, indicate date of **retirement**: _____ Is retirement only source of income? _____

Do you have **rental income**? _____ If so, give location: _____

Do you have other income? _____ If so, give source: _____

Are you renting your home? _____ or buying? _____ (Please check one)

If **renting**, give name and address of **landlord**. If buying, give name of **Realtor and Realty Company**:

Do you pay city income tax to your city of employment? _____