

**Village of Garrettsville**  
**Income Tax Department**

8213 High Street  
Garrettsville, Ohio 44231  
Phone: 330-527-2179

Return By: \_\_\_\_\_

City #: \_\_\_\_\_

**Social Security #** \_\_\_\_\_

The Garrettsville Income Tax Department is establishing an account for you. If you have questions call the above number. Complete and promptly return the following MANDATORY application. Typewrite or print plainly and answer all questions.

1. **DATE YOU MOVED INTO TOWN:** \_\_\_\_\_
2. Spouse's Name:  N/A \_\_\_\_\_ Spouse's SS#: \_\_\_\_\_
3. Are you employed?  Yes  No Is your spouse employed?  Yes  No  N/A
4. Is your total income derived from salary, wages?  Yes  No
5. List sources of income and/or employers:  
Name & address of employer \_\_\_\_\_

\_\_\_\_\_  
Name & address of spouse's employer  N/A \_\_\_\_\_

6. If you are unemployed, mark "X" in the box before statement(s) that most accurately describe your situation.  
 Temporary Unemployment  Permanent Unemployment  
  
If permanently unemployed, mark "X" in box which best explains the reason:  
 **Retired** – on Pension or Social Security  Unemployment because of health  
 Student – Under 18 -- D.O.B. \_\_\_\_\_  Student – Not employed  
 In U.S. Armed Services  Other reasons (please specify below): \_\_\_\_\_

7. Do you have gross income from real estate (including farms) exceeding \$100.00 per month?  
 Yes  No Does your spouse?  Yes  No  N/A

8. If you pay rent for your home or apartment, please give landlord's name and address:  
\_\_\_\_\_

9. Is a City Tax withheld from your pay check?  Yes  No If yes, what city: \_\_\_\_\_

10. Is a City Tax withheld from your spouse's pay check?  Yes  No  N/A If yes, city: \_\_\_\_\_

11. Total number of occupants living in household: \_\_\_\_\_

12. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check here if other occupant(s) are over 18 and not identified in #2 above. Please list name(s) on reverse.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

e-mail address (if available): \_\_\_\_\_

**USE REVERSE SIDE FOR ADDITIONAL INFORMATION**

Issued under authority of Chapter 173 of the Codified Ordinances of the Village of Garrettsville