

INCOME TAX DIVISION
CITY HALL
P O Box 5200
76 E High Street
Springfield, OH 45501

THE CITY OF SPRINGFIELD
STATE OF OHIO



OFFICE HOURS
8 AM to 5 PM
Monday through Friday
Phone 937/324-7357
Fax 937/328-3471
www.springfieldohio.gov

INDIVIDUAL - INCOME TAX QUESTIONNAIRE

Springfield has a mandatory filing requirement for all residents. Therefore, each resident will be set up as a separate account.

Please Type or Print: Acct. #: _____ Acct:# _____
(Office Use Only) (Office Use Only)

Taxpayer #1 _____ **Social Security** ____/____/____ **DOB:** _____
Home Telephone #: (____) _____ Work Telephone #: (____) _____

Taxpayer #2 (Spouse) _____ **Social Security** ____/____/____ **DOB:** _____
Home Telephone #: (____) _____ Work Telephone #: (____) _____

Email Address _____

Current Address _____ City _____ State ____ Zip _____
Date Moved to Current Address: ____/____/____

Former Addresses

1. _____ City _____ State _____ Date in _____ Date out _____
2. _____ City _____ State _____ Date in _____ Date out _____

Please list all residences within the City of Springfield in addition to the 2 most recent addresses.

Taxpayer #1 Employer: _____
Employer Address _____
Date began employment _____ Date terminated employment _____
Does employer withhold city tax? No ___ Yes ___, for the City of _____

Taxpayer #2 (Spouse) Employer: _____
Employer Address _____
Date began employment _____ Date terminated employment _____
Does employer withhold city tax? No ___ Yes ___, for the City of _____

Self-Employed:

Business Name _____ Type of Business _____
Business Address _____ Date Business started _____
Do you have employees? No ___ Yes ___, If YES, your Federal ID# _____

Do you own Rental Property? No ___ Yes ___ If Yes, continue below.

Location of property [actual address(es)]: _____
Date acquired and/or date first rented: _____
Use back of form for additional listings.

Other Income, e.g. partnerships, commissions, fees, etc. List types: _____

Names and Social Security Numbers of other members of the household over age 18:

SSN: ____/____/____ DOB: _____

SSN: ____/____/____ DOB: _____

SSN: ____/____/____ DOB: _____

If you are not liable for city tax, give reason:

Active Duty Military income and some types of retirement income are not taxable. You may **still be required** to file a Return.

Signed _____ Date _____