



**INDIVIDUAL - INCOME TAX QUESTIONNAIRE**

Springfield has a mandatory filing requirement for all residents, 18 years of age and older.

If married, do you plan on filing Individually \_\_\_ or Jointly \_\_\_? Acct. #: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
(Office Use Only) (Office Use Only)

**Please Type or Print:**

**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 \_\_\_\_\_