

BARCODE LABEL

INDIVIDUAL QUESTIONNAIRE

AKRON INCOME TAX DIVISION

1 Cascade Plaza - Suite 100

Akron, OH 44308 -1161

(330) 375-2290 Fax (330) 375-2112



This is the questionnaire for individual and joint filers. If you are a business filer use the Business Questionnaire.

The following information is necessary to update your income tax records with the City of Akron.
PLEASE COMPLETE ALL LINES AND RETURN THIS QUESTIONNAIRE WITHIN TEN (10) DAYS.

TAX OFFICE USE ONLY

Date issued _____

Auditor _____

Account No. _____

Akron Dist _____ IND Code _____

NAME _____ SOC SEC # _____

ADDRESS _____

OCCUPATION _____ DAYTIME PHONE _____

SPOUSE'S NAME _____ SOC SEC # _____

If you have filed a City of Akron Income Tax Return before, under what name and Akron tax account number did you file?

NAME USED _____ Account # _____

If under the age of 25, what is your birth year? _____ (Akron resident's 18 and older have a filing requirement, whether employed or not.)

List your employment history including SELF-EMPLOYMENT, UNEMPLOYMENT, SCHOOL, etc., for the past 6 years. (If SELF-EMPLOYED write "SELF" below, along with "FROM" and "TO," and complete the Business Questionnaire.)

DATES		EMPLOYER'S NAME	ADDRESS WHERE YOU WORKED	WAS CITY TAX WITHHELD?	FOR WHICH CITY?
FROM	TO				

List all of your FORMER ADDRESSES and DATES OF RESIDENCY for the past 6 years.

FROM	TO	STREET	CITY	STATE

Do you own rental property in Akron? YES _____ NO _____ (If yes, we will send you a rental questionnaire upon receipt of this form.)

Under penalties of perjury, I certify that all information and statements herein are true and correct.

Signature _____ DATE _____