

# RENTAL QUESTIONNAIRE



INCOME TAX DIVISION  
 1 Cascade Plaza - Suite 100  
 Akron, OH 44308 -1161  
 (330) 375-2290 Fax (330) 375-2112

TAX OFFICE USE ONLY

Date Issued \_\_\_\_\_  
 Auditor \_\_\_\_\_  
 Account No \_\_\_\_\_

The following information is necessary for our records. PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE WITHIN TEN (10) DAYS.

Note: If you manage or supervise rental properties please complete the name and address lines below, which identifies the owner(s) of the property. Owners need to complete the entire questionnaire.

OWNER'S NAME \_\_\_\_\_ SOC SEC # \_\_\_\_\_  
 SPOUSE'S NAME \_\_\_\_\_ SOC SEC # \_\_\_\_\_  
 OWNER'S ADDRESS \_\_\_\_\_  
 DAYTIME PHONE \_\_\_\_\_ BEST TIME TO CALL \_\_\_\_\_  
 BUSINESS NAME \_\_\_\_\_ FED ID # \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_

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

NAME USED \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

If you are an Akron resident, list below all of the rental properties you own. properties which are located in the City of Akron.

If you are not an Akron resident, list only those

Street Address	Date Acquired	Number of Units	Gross Monthly Rents

List any additional properties on the back of this form.

How many people do you employ in Akron? \_\_\_\_\_ (Include building managers, custodial, maintenance, secretarial, etc.)

Under penalties of perjury, I certify that all information and statements herein (both front and back) are true and correct.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ DATE \_\_\_\_\_