



CITY OF FRANKLIN REGISTRATION FORM

Income Tax Office • 1 Benjamin Franklin Way • Franklin OH 45005
Phone/Fax: (937) 986-1035 • www.franklinohio.org

Print Form

Account #: _____

ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL. RETURN COMPLETED FORM IN ENCLOSED ENVELOPE WITHIN 10 DAYS.

Resident Name _____ Birth Date _____ SS# _____
 Resident Name(Spouse) _____ Birth Date _____ SS# _____
 Address _____ Apt _____ Phone # _____ Listed Unlisted
 Mailing Address _____ Move-In Date _____ Move-Out Date _____
 EMAIL Address _____

EMPLOYMENT INFORMATION

RESIDENT	RESIDENT (SPOUSE)
Name of Employer _____	_____
Employment Location _____	_____
Employment Date _____	_____
Occupation _____	_____
List all cities for which taxes are withheld _____	

LIST BELOW ALL OTHER OCCUPANTS OF HOUSEHOLD REGARDLESS OF EMPLOYMENT STATUS. USE ADDITIONAL PAPER IF NECESSARY.

NAME	DOB	SS#	EMPLOYER	EMPLOYER ADDRESS	EMPLOYMENT DATE	CITY EARNINGS TAX PAID TO

If you purchased the home, give name of Sales Agent _____ and Listing Agent _____

If you rent, give name and address of landlord _____

If you or any member of your family owns rental property, please list the following: Name of owner of rental property: _____ Date acquired for rental: _____

Address of rental property: _____ Name of current tenant: _____
(if property located in Franklin)

I do hereby certify that to the best of my knowledge the above information is true, correct and complete.

Signature _____

Date _____