



VILLAGE OF MONROEVILLE

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RESIDENTIAL INCOME TAX REGISTRATION

NOTE: You are required to provide information for yourself, as well as any members of your household that are age 16 and older. If you need an additional form, please request one.

Your Name: _____ **SSN:** _____ **DOB:** _____

Driver's License #: _____ Telephone #: _____

Email Address: _____

New Address: _____ Date Moved In: _____

Prior Address: _____ Date Moved Out: _____

Spouse's Name: _____ **SSN:** _____ **DOB:** _____

Driver's License #: _____ Telephone #: _____

Email Address: _____

Your Employer's Name: _____

Employer Address: _____

Date began employment: _____ Date terminated employment: _____

Does your employer withhold city tax? Yes No If yes, for what city? _____

Are you self-employed? If yes, please complete the following:

Business Name/Type of Business: _____

Business Address: _____ Date business started: _____

Do you have employees? Yes No If yes, Federal Tax ID Number: _____

Spouse Employer Name: _____

Employer Address: _____

Date began employment: _____ Date terminated employment: _____

Does your employer withhold city tax? Yes No If yes, for what city? _____

Is your spouse self-employed? If yes, please complete the following:

Business Name/Type of Business: _____

Business Address: _____ Date business started: _____

Do you have employees? Yes No If yes, Federal Tax ID Number: _____

Do you and/or your spouse have income from other sources, such as partnerships, estates, trusts, Form(s) 1099-Misc., etc.? If yes, please explain: _____



Are you and/or your spouse eligible to file for an exemption from the Village of Monroeville's mandatory filing requirements? If yes, please explain: _____

If you and/or your spouse own rental property, please attach a separate sheet providing a full listing of all rental properties.

Your Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

Please use the section below to list other members of your household that are age 16 and older. If you need an additional form, please request one.

Name: _____ SSN: _____ DOB: _____

Driver's License #: _____ Telephone #: _____

Email Address: _____

New Address: _____ Date Moved In: _____

Prior Address: _____ Date Moved Out: _____

Employer's Name: _____

Employer Address: _____

Date began employment: _____ Date terminated employment: _____

Does your employer withhold city tax? Yes No If yes, for what city? _____

Are you self-employed? If yes, please complete the following:

Business Name/Type of Business: _____

Business Address: _____ Date business started: _____

Do you have employees? Yes No If yes, Federal Tax ID Number: _____

Do you have income from other sources, such as partnerships, estates, trusts, Form(s) 1099-Misc., etc.? If yes, please explain: _____

Are you eligible to file for an exemption from the Village of Monroeville's mandatory filing requirements? If yes, please explain: _____

If you own rental property, please attach a separate sheet providing a full listing of all rental properties.

Signature: _____

Date: _____