

CITY OF KETTERING - INCOME TAX DIVISION
P.O. Box 293100 • Kettering, OH 45429
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www.ketteringoh.org

**INDIVIDUAL INCOME TAX
QUESTIONNAIRE**

Date: _____

Kettering Account Number: _____

Please complete this income tax questionnaire and return it to our office by the due date stated above. You may mail or fax your completed questionnaire to our office. Please contact us if you have any questions. Forms and additional information may be obtained by visiting our website. **Note: The City of Kettering has a mandatory filing requirement which means that all residents of the City of Kettering 18 years of age and older must file an income tax return with the city on an annual basis.**

Taxpayer: _____ SSN# _____ DOB: _____

Spouse: _____ SSN# _____ DOB: _____

Current Address: _____ City, ST, Zip _____

Home Telephone #: _____ Work Telephone #: _____

Email Address: _____ Cell Phone #: _____

Date Moved to Current Address: _____ Former Address: _____

Do you: Own or Rent your home in Kettering? _____

Taxpayer Employer: _____

Employer Address: _____

Date began employment: _____ Date terminated employment: _____

Does your employer withhold city tax? _____ If Yes, for what city? _____

Spouse Employer: _____

Employer Address: _____

Date began employment: _____ Date terminated employment: _____

Does your employer withhold city tax? _____ 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? _____ If yes, please enter Federal ID Number: _____

Do you own Rental Property? _____ If yes, please provide a full listing of all rental properties. You may attach a separate sheet to this questionnaire or use the rental questionnaire available on our website.

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

Other members in your household 18 years of age and older:

Name: _____ SSN# _____ DOB: _____

Name: _____ SSN# _____ DOB: _____

Are you eligible to file for an exemption from the City of Kettering's mandatory filing requirement? If yes, please explain: _____

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____