

CITY OF KETTERING - INCOME TAX DIVISION
P.O. Box 293100 Kettering, OH 45429
Phone: 937.296.2502 Fax: 937.296.3242
www.ketteringoh.org

**RENTAL INCOME TAX
QUESTIONNAIRE**

Date: _____

Kettering Account Number: _____

Please complete and return this rental income tax questionnaire to our office by the due date stated. You may mail or fax the completed questionnaire to our office. Please contact us with any questions you may have or visit our website to obtain forms and additional information.

Owner Name: _____

Spouse Name: _____

Owner Address: _____

City, State, Zip Code: _____

Owner SSN: _____ Spouse SSN: _____

Telephone #: _____ Cell Phone #: _____

Email Address: _____

If you are a Kettering resident, you must list all of the rental properties you own in the space provided below. Non-residents need to list only those properties which are located in The City of Kettering. In addition, if you have purchased a Kettering property not intended for lease or rent **or** for resale purposes only, please write an explanation below. Note: Additional properties may be listed on the reverse side of this form or on a separate sheet.

Street Address	Date Acquired	# of Units	Rented Y / N
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____