Complete all questions fully. The information below will be used to create a new account or update file information.

Completed forms can be faxed (937-847-6470), emailed (incometax@cityofmiamisburg.com) or mailed (10 N First St, Miamisburg, OH 45342) to the City Income Tax Office.

INDIVIDUAL QUESTIONNAIRE

Taxpayer Name				Taxpayer Social Security Number	
Spouse Name				Spouse Social Security Number	
Address					
Email				Phone #	
Date Moved In Previous Address					
Taxpayer Source(s) of Income			Is Em	nployer Withholding City Income Tax?	
Spouse Source(s) of Income			Is Em	Is Employer Withholding City Income Tax?	
Name of Other Member of the Household Over 18 Years				Member Social Security Number	
Name of Other Member of the Household Over 18 Years				Member Social Security Number	
Do You Own Rental Properties?					
Address of Property				Date Placed into Service	
Address of Property				Date Placed into Service	
Address of Property				Date Placed into Service	
Do You Have Sole Proprietor Income (Schedule C)? Yes (Please Complete the Following) No					
Type of Business				Date Business Began	
Business Name			Feder	Federal Identification Number (if applicable)	
Business Address					
Number of Employees Average Quarter			terly Pa	ayroll	
Payroll Service (if applicable) Payroll Service C			2 Conta	act E-Mail Address (if applicable)	
Payroll Service Contact Name (if applicable) Payroll Service C			Conta	act Phone # (if applicable)	
FOR TAX OFFICE USE ONLY Date Received Account #		Account #			
Entered By Posted/Entered			.d 		