

Hours: 8:00-4:00
Monday thru Friday

MAILING ADDRESS: PO BOX 9940, CANTON, OHIO 44711
OFFICE ADDRESS: 424 MARKET N., CANTON, OHIO 44702
PHONE (330) 430-7900

Resident Information Sheet

Please Print or Type

NAME _____ SOCIAL SECURITY NUMBER _____

NAME (SPOUSE) _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ TELEPHONE NUMBER _____

CITY/STATE/ZIP _____ DATE OF BIRTH _____

DATE MOVED INTO CANTON _____ DATE OF BIRTH (SPOUSE) _____

Employers Company Name(s) and Location	Dates of Employment
19 _____	_____
19 _____	_____
19 _____	_____
19 _____	_____
19 _____	_____
19 _____	_____

Is city tax withheld by employer(s)? Yes No

To what city or cities do you pay the tax? _____

Are you self-employed? Yes No (If yes, please fill out business activity section on back of form)

Do you own rental property? Yes No (If yes, please fill out rental section on back of form)

Do you have Royalty Income? _____ Source of Royalty _____

If not employed, what is your source of income? Please circle all that apply: Social Security Pension
Interest Dividends Disability Workers Compensation Alimony ADC Other (please specify)

Are you presently filing with our office or have you previously filed with our office? Yes No

If you are presently filing or have filed a return with our department under a number different from your social security number, please indicate social security number or identification number _____

Please sign declaration on back of form.

If you have moved out of Canton, please indicate date moved out of the city _____

Your present address _____

Rental Properties

<u>Address</u>	<u>City</u>	<u>State</u>	<u>Date Rental Activity Began</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Activities

<u>Name of Business</u>	<u>Address of Business</u>	<u>Phone No</u>	<u>Date Business Started</u>
_____	_____	_____	_____
_____	_____	_____	_____

Additional Information

***** PLEASE LIST YOUR LAST THREE ADDRESSES *****

<u>Address</u>	<u>City</u>	<u>State</u>	<u>Move in date</u>	<u>Move out date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Under penalties of perjury, I declare that I have examined this questionnaire and accompanying documents, and, to the best of my knowledge and belief, the information provided herewith is true, correct, and complete.

Signature _____ Title _____ Date _____