

**CITY OF DELPHOS
INCOME TAX DEPARTMENT
608 NORTH CANAL STREET
DELPHOS, OHIO 45833
419-695-4010**

THE FOLLOWING INFORMATION WILL AID US IN PREPARING FORMS FOR YOUR USE IN COMPLYING WITH THE DELPHOS CITY INCOME TAX ORDINANCE. ANSWER ALL QUESTIONS FULLY AND RETURN THE COMPLETED FORM TO OUR OFFICE WITHIN TEN (10) DAYS FROM RECEIPT. ALL INFORMATION IS CONFIDENTIAL AND WILL BE USED FOR INCOME TAX ONLY.

1. Your Name _____ Spouse _____

2. Current Address _____ How Long? _____
Former Address _____ How Long? _____

3. If you currently rent your home, to whom is rent paid?
Name _____ Address _____

4. What is your employment or occupation? Yours _____ Spouse _____

5. City and State of Employment: Yours _____ Spouse _____

6. Employer's Name and Address:
Yours _____ Dates of Employment _____
Spouse _____ Dates of Employment _____

7. Previous Employer's Name and Address:
Yours _____ Dates of Employment _____
Spouse _____ Dates of Employment _____

8. Does your Employer withhold City income tax? Yes _____ No _____
If yes, indicate City: Yours _____ Spouse _____

9. Do you have rental properties, trust, or farm income? Yes _____ No _____
If yes, complete the following:

| <u>Address</u> | <u>Annual Income</u> | <u>Date Acquired</u> |
|----------------|----------------------|----------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

(If additional space is needed, attach list)

10. Do you (or your spouse) receive Director's Fees or any other taxable income that is not listed above?
Yes _____ No _____ If yes, indicate the source and approximate annual amount received.

| <u>Source</u> | <u>Annual Income</u> |
|---------------|----------------------|
| _____ | \$ _____ |

11. Your Social Security # _____ Spouse Social Security # _____

12. Signature _____ Date _____

13. Telephone Number _____