

QUESTIONNAIRE

CITY OF PARMA HEIGHTS
FINANCE DEPARTMENT – TAX DEPARTMENT
6281 Pearl Road, Parma Heights, Ohio 44130

Please Print or Type

Filing as: INDIVIDUAL JOINT

1. NAME: _____ BIRTHDATE: _____ SOC. SEC. NO.: _____
First Mi Last

SPOUSE'S
2. NAME: _____ BIRTHDATE: _____ SOC. SEC. NO.: _____
First Mi Last

3. ADDRESS: _____ SUITE NO: _____

4. PHONE NO: () _____ DATE MOVED INTO PARMA HEIGHTS _____
DATE MOVED OUT OF PARMA HEIGHTS _____

5. EMAIL ADDRESS _____

6. GIVE NAME, BIRTHDATE, AND SOCIAL SECURITY # OF ALL CHILDREN AND OTHERS RESIDING AT THIS ADDRESS:

NAME	BIRTHDATE	SSN	NAME	BIRTHDATE	SSN

7. EMPLOYER: _____ SPOUSES EMPLOYER: _____

8. IF YOU OR YOUR SPOUSE ARE NOT EMPLOYED, MARK AN "X" IN FRONT OF THE STATEMENT WHICH MOST ACCURATELY APPLIES:

STATUS THAT APPLIES TO NAME ON LINE 1

RETIRED SINCE _____ TEMPORARILY UNEMPLOYED SINCE _____

DISABLED SINCE _____ IN ARMED SERVICES SINCE _____

OTHER _____

STATUS THAT APPLIES TO NAME ON LINE 2

RETIRED SINCE _____ TEMPORARILY UNEMPLOYED SINCE _____

DISABLED SINCE _____ IN ARMED SERVICES SINCE _____

OTHER _____

9. DO YOU OR YOUR SPOUSE HAVE INCOME FROM SELF-EMPLOYMENT? _____ YES _____ NO

IF YES, NAME OF BUSINESS: _____ FEDERAL I.D. _____

ADDRESS: _____

IF A PARTNERSHIP IS LOCATED IN PARMA HEIGHTS, GIVE NAME AND ADDRESS OF EACH PARTNER:

10. DO YOU OR YOUR SPOUSE OWN RENTAL PROPERTY, INCLUDING FARM RENTAL? _____ YES _____ NO

IF YES, ADDRESS OF RENTAL PROPERTY _____

11. DO YOU OWN YOUR PLACE OF RESIDENCE IN PARMA HEIGHTS? _____ YES _____ NO IF YES, DATE OF PURCHASE _____

IF NO, GIVE NAME AND ADDRESS OF OWNER: _____

SIGNATURE

DATE