

Founded 1790

City of Gallipolis

INCOME TAX DEPARTMENT

P O BOX 339
GALLIPOLIS, OHIO 45631
Telephone (740)441-6009 EXT 721
Facsimile (740)441-2062
Email citytax@gallipoliscity.com

NON-RESIDENT INDIVIDUAL QUESTIONNAIRE

For the purpose of establishing and/or updating our records, with regard to Gallipolis Income Tax, please complete and promptly return this questionnaire. Be sure to type or print plainly and answer all questions.

Name		
	Social Security #	
City/State/Zip	Telephone #	
Are you now or have you been empl	oyed within the City? Yes No	run und springsyster 10 dek
Date you became employed within the	he City	
Place of employment		
Do you own rental property in the Ci	ity? YesNo	
Date you acquired rental property w	vithin the City	
Location of the rental property		is any more an assessment was a very more than the second section of the section of the second section of the section of the second section of the sect
Do you own a business within the C	City? Yes No	
If yes, enter the Business Name		
Business Address		
Start-up Date		
I do hereby certify that to the best of	of my knowledge the above information is	true and correct.
		Data
Signature		Date