



Founded 1790

# City of Gallipolis

## INCOME TAX DEPARTMENT

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GALLIPOLIS, OHIO 45631

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*Ronnie Lynch*

TAX ADMINISTRATOR

### INDIVIDUAL QUESTIONNAIRE

NAME \_\_\_\_\_ SS # \_\_\_\_\_ bd \_\_\_\_\_

SPOUSE \_\_\_\_\_ SS # \_\_\_\_\_ bd \_\_\_\_\_

STREET/CITY \_\_\_\_\_

STATE/ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

EMPLOYED ? YES NO WHERE ? \_\_\_\_\_

Spouse Employed ? YES NO WHERE ? \_\_\_\_\_

IF NOT EMPLOYED, WHAT IS SOURCE OF INCOME ? \_\_\_\_\_

DATE MOVED INTO GALLIPOLIS \_\_\_\_\_

DO YOU OWN RENT in city ? If renting, list name and address of Landlord.

Do YOU or ANYONE in your household own a Business or have Rental Property ? YES NO

Name of person who owns business or rental property- \_\_\_\_\_

Address of Business or rental Property \_\_\_\_\_

If rented list Name of current tenant \_\_\_\_\_

Date Acquired \_\_\_\_\_

LIST ALL OTHER OCCUPANTS OF YOUR HOUSEHOLD OVER 16 YEARS OF AGE -

| NAME  | SS#   | AGE   | EMPLOYER |
|-------|-------|-------|----------|
| _____ | _____ | _____ | _____    |
| _____ | _____ | _____ | _____    |

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE