



Founded 1790

City of Gallipolis

INCOME TAX DEPARTMENT

P O BOX 339
GALLIPOLIS, OHIO 45631

Telephone (740) 441-6009 EXT 722
Fax (740) 441-2062
Email brobinson@gallipoliscity.com

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 age 18 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