

**CITY OF WICKLIFFE**

**MUNICIPAL INCOME TAX DEPARTMENT... RESIDENTIAL TAX QUESTIONNAIRE**

Please answer all questions that apply to your household, and return this form to:  
City of Wickliffe –Income Tax Department, P.O. Box 125, Wickliffe, Ohio 44092-0125

Date moved into The City of Wickliffe: \_\_\_\_\_  
Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Other: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
Have you ever lived in Wickliffe before? \_\_\_\_\_ If yes, When: \_\_\_\_\_

Employers Name & Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Spouse's Employers Name & Address: \_\_\_\_\_

**List person(s) in the household eighteen (18) years of age or older:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employers Name & Address: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employers Name & Address: \_\_\_\_\_

**If retired, give date retired:** (Husband) \_\_\_\_\_ (Wife) \_\_\_\_\_

If permanently Disabled, give date disabled (H) \_\_\_\_\_ (W) \_\_\_\_\_

Do you own rental property? Yes \_\_\_\_\_ No \_\_\_\_\_

Address of rental property: \_\_\_\_\_

Tenant Name(s): \_\_\_\_\_

Are you Self-Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

List name & type of business: \_\_\_\_\_

(on the Back) List any type of other earned income in addition to your regular income (DO NOT include bank interest, dividends and pensions)

**DATE THIS FORM WAS COMPLETED:** \_\_\_\_\_

**\*\*Wickliffe Tax Ordinance requires ANY individual 18 or older, living, dwelling or has or is maintaining living facilities for themselves or family members, shall on or before April 15<sup>th</sup> of each year, make and file a tax return with the City of Wickliffe.\*\***

