



Founded 1790

City of Gallipolis

INCOME TAX DEPARTMENT

518 SECOND AVENUE
GALLIPOLIS, OHIO 45631-1219

Telephone (740) 441-6009
Facsimile (740) 441-2070
Email citytax@gallipolisnet.net

Mary L. Rusk
TAX ADMINISTRATOR

Individual Questionnaire

Name _____ Social Security # _____
Spouse _____ Social Security # _____
Street Address _____
City/State/Zip _____ Telephone# _____

Are you employed? Yes _____ No _____ Are you 65 yrs. or older? Yes ___ No ___
If so, where? _____
Spouse employed? Yes _____ No _____ Are you 65 yrs. or older? Yes ___ No ___
If so, where? _____

If not, what is your source of income? _____

Date you moved into Gallipolis _____

List all other occupants of your household over 16 :

(Check () the box to the left of the employer's name if Gallipolis Income Tax is being deducted from his/her pay.)

<input type="checkbox"/>	Name	Social Security#	Age	Name of Employer
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

Do you OWN your home or RENT? Name & address of Landlord _____
(Circle one)

Do you or any member of your household own a business or rental property? Yes ___ No ___

Name of person who owns business or rental property: _____

Address of business or rental property: _____

Date Acquired: _____

If rented, name of current tenant: _____

Continue names on Back

I do hereby certify that to the best of my knowledge the above information is true and correct.

Signature

Date