

CITY OF DOVER, OHIO 44622  
INCOME TAX DEPARTMENT  
MUNICIPAL BUILDING

INDIVIDUAL QUESTIONNAIRE

ORDINANCE #78-77

The City of Dover levies a Payroll-income Tax of one percent (1%) on all salaries, wages, other compensation, and on the net profits from business activities of its residents and from non-residents if the income is earned in the City of Dover, Ohio.  
This information is necessary for our records and will be held in strict confidence. Your cooperation will be appreciated.

1. Are you employed?  Yes  No If married, is your spouse employed?  Yes  No

If "Yes" give spouse's name \_\_\_\_\_

2. Is your total income derived from salary, wages?  Yes  No

Is city income tax deducted from your wages?  Yes  No If so, for what city? \_\_\_\_\_

3. Give date you became a resident of Dover and previous address. \_\_\_\_\_

4. Name and address of your Employer, or Source of income subject to tax. Mark "X" to left of employer's name if he/she is deducting City Income Tax from 100% of your pay.

\_\_\_\_\_

\_\_\_\_\_

Your Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Spouse's employer, if employed, or source of income subject to tax.

\_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. If you are unemployed, mark "X" before statements which most accurately describe your situation.

Temporary Unemployment  Permanent Unemployment

(if permanently unemployed, mark "X" before statement giving reason why.)

Retired on Pension  Unemployable because of age

Retired on Social Security  Unemployable because of health

Under 18 years of age until  Unemployed housewife

Other reasons (please specify)  In U.S. Armed Service

6. If self employed, list type of occupation. \_\_\_\_\_

7. Do you have gross rental income, including farms, exceeding \$1 00.00 per month?  Yes  No

Does your spouse?  Yes  No,

(in case of a non-resident, this would apply only to properties located within Dover.)

6. Do you rent property in the City of Dover as a tenant?  Yes  No

If so, to whom is rent paid (give owner's name and address) \_\_\_\_\_

9. List any other employed persons 18 years of age or over who reside at your address, and give name of employer.

\_\_\_\_\_  
I certify the above to be true and accurate (sign): \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_