

TAX ADMINISTRATOR

OFFICE HOURS
8:00 am to 4:30 pm MONDAY thru FRIDAY

P.O. Box 117 • Celina, Ohio 45822-0117
Telephone: (419) 586-2594 • Fax: (419) 586-2577
www.celinaohio.org

TAX USE ONLY	
CODE	
BY	

QUESTIONNAIRE

(Individual this side – Business back side)

•TYPE OR PRINT CLEARLY
and RETURN PROMPTLY
Revised 12/12

This questionnaire is confidential and only for the purpose of updating your tax records. Status information for Individuals (front side) and Businesses (back side) of this form. If additional space is required to complete this form, please attach supplemental sheets.

The City of Celina, by authority of Section 5747.18 of the Ohio Revised code, has obtained your address information from the Ohio Department of Taxation because you did file an Ohio Income Tax Return for year _____.

1. a. Your full name _____ and Social Security # _____
b. Date you became a resident of Celina: ____ / ____ / ____ Date of Birth _____
c. Are you employed? Yes No, If no, Reason - Retired Laid-Off Other, explain _____
d. Present Employer: _____ Address: _____ From ____ To ____
e. Previous Employer: _____ Address: _____ From ____ To ____
2. a. Spouse's name _____ and Social Security # _____
b. Date you became a resident of Celina: ____ / ____ / ____ Date of Birth _____
c. Are you employed? Yes No, If no, Reason - Retired Laid-Off Other, explain _____
d. Present Employer: _____ Address: _____ From ____ To ____
e. Previous Employer: _____ Address: _____ From ____ To ____
3. Do you own your residence? Yes No. If no, and you are renting, complete next line.
Landlord: _____ Phone # _____
Address: _____
4. Do you own rental property(s)? Yes No. If yes, list addresses and dates purchased.
Address: _____ Purchased: ____ / ____ / ____
5. Do you have farm income? Yes No. If yes, list addresses and dates purchased.
Address: _____ Purchased: ____ / ____ / ____
6. Do you own a business? Yes No. If yes, please complete the back side of this questionnaire. If no, stop here and just sign below.

* SIGNATURE: _____ Does hereby state information is true and correct.
Phone No : (_____) _____ Address change below if not as typed above.
New Address: _____

8. a. Federal Identification Number for reporting purposes _____

b. Accounting period for tax purposes: Calendar year ending December 31st.
 Fiscal Year ending _____ .

c. Type of ownership: Proprietorship, Corporation, Partnership, Association,
 Non-Profit Corporation or Non-Profit Association.

If partnership, list partner's name(s), address, phone number and share amount below.

Name Address Area Code and Phone Number Share Amount

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9. Name, address and type business in Celina taxing jurisdiction:

Name Address Type

10. Date business activity or service was started within Celina? ____/____/____ .

11. Do you have one or more employees? Yes No. Courtesy WH only Yes No.

12. If you are a contractor, do you sub-contract within this municipality? Yes No. IF YES, list below those businesses name, addresses and their type business.

Name Address Type

Name Address Type

Name Address Type

13. Owner/President: _____, Soc. Sec. # ____ / ____ / ____ .
(Print or Type Full Name) And Date of Birth ____ / ____ / ____ .
MUST BE COMPLETED

* AUTHORIZED SIGNATURE: _____ Does hereby state information is true and correct.

BUSINESS NAME AS REPORTED TO THE IRS and STATE TAX OFFICES.

Send Income Tax forms to:

Send Withholding forms to:

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone (____) _____

Phone (____) _____