

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

## Celina Income Tax Questionnaire

P.O. Box 117 • Celina, Ohio 45822-0117  
 Telephone: (419) 586-2594 • Fax: (419) 586-4735  
[ci.celina.oh.us/city-government/taxes/](http://ci.celina.oh.us/city-government/taxes/)

**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. Full Name \_\_\_\_\_ 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. Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. a. Spouse's Name \_\_\_\_\_ 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. Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name and Social Security Number of other members of the household age 18 or over (excluding self and spouse)  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Do you own your residence?  Yes  No. If no, and you are renting, complete next line.  
 Landlord: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_

5. Do you own rental property(s)?  Yes  No. If yes, list addresses and date purchased.  
 Address: \_\_\_\_\_ Purchased: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. Do you have farm income?  Yes  No. If yes, list addresses and date purchased.  
 Address: \_\_\_\_\_ Purchased: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. Do you own a business?  Yes  No. If yes, please complete the back side of this questionnaire. If no, stop here and sign below.

\* SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Does hereby state information is true and correct.

Address Change: \_\_\_\_\_ Date Moved: \_\_\_\_\_

8. a. Business Name \_\_\_\_\_  
 b. Address \_\_\_\_\_  
 c. Type of Business in Celina taxing jurisdiction \_\_\_\_\_

9. 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  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

Name	Address	Area Code and Phone Number	Share Amount

Name	Address	Area Code and Phone Number	Share Amount

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 If courtesy WH Please provide address of employees.

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name	Address	Type

Name	Address	Type

Name	Address	Type

13. Owner/President: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (Print or Type Full Name) Date of Birth \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\* AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Does hereby state information is true and correct.