

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) 586-2577
www.celinaohio.org/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.