

**CITY OF MOUNT VERNON, OHIO  
INDIVIDUAL QUESTIONNAIRE**

**Lisa M. Brown**  
**Administrator**  
**www.mountvernonohio.org**

**Division of Income Tax**  
**3 North Gay Street, Suite A**  
**Mount Vernon, OH 43050**  
**Phone 740-393-9524**  
**Fax 740-397-5293**

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

For the purpose of setting up our records with regard to Mount Vernon Income Tax, please **fill in and return** promptly the following Questionnaire. Type or print plainly, and **answer all questions**. A return envelope is enclosed for your convenience. This will enable us to establish accurate records. Thank you for your cooperation.

1. Date you became a resident within the city limits of Mount Vernon \_\_\_\_\_

2. Your Social Security number \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Are you employed? Yes \_\_\_ No \_\_\_ Is any income derived from: Salary \_\_\_ Wages \_\_\_ Self employment \_\_\_  
Part time employment \_\_\_ Contract labor \_\_\_ Miscellaneous Income \_\_\_ Pass Thru Entity \_\_\_

4. List all sources of income and/or employers:

Name of employer, contract labor and/or miscellaneous income	Address	Date
[ ] _____		
[ ] _____		
[ ] _____		
[ ] _____		

(If Mount Vernon City Tax is deducted by Employer mark "X" in box to left)

5. Spouse's name \_\_\_\_\_ Spouse's Social Security No. \_\_\_\_\_

Is your Spouse employed? Yes \_\_\_ No \_\_\_ Spouse's employer & address \_\_\_\_\_

\_\_\_\_\_

6. List persons (over 18) residing at your address above (see other side).

7. If unemployed mark "X" in box which most accurately describes your situation:

- |   |  |
|---|--|
| <input type="checkbox"/> Retired on Pension or Social Security        | <input type="checkbox"/> Unemployable because of age or health |
| <input type="checkbox"/> Unemployed Housewife                         | <input type="checkbox"/> In U.S. Armed Service                 |
| <input type="checkbox"/> Student                                      | <input type="checkbox"/> Check if under 18 years of age        |
| <input type="checkbox"/> Other reasons (Please specify on other side) |  |

8. **Do you have Rental Income?** \_\_\_\_\_ If yes, give potential yearly gross \_\_\_\_\_

9. **Rental address** \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**USE REVERSE SIDE FOR ADDITIONAL DATA OR COMMENT**

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**INDIVIDUALS 18 & OVER RESIDING AT YOUR ADDRESS:**

**NAME**

**SOCIAL SECURITY NO**

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**ADDITIONAL DATA & COMMENTS:**