

**GEORGETOWN INCOME TAX BUREAU
VILLAGE OF GEORGETOWN
P.O. BOX 116**

PHONE: (937) 378-6395

GEORGETOWN, OH 45121

FAX: (937) 378-4505

INDIVIDUAL APPLICATION

Name: _____ Social Security #: _____

Spouse Name: _____ Social Security #: _____

Mailing Address: _____ P. O. Box _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

New Residents: -Date Moved into Georgetown: _____

Types of Income: (Check all that apply)

You	Spouse		You	Spouse		You	Spouse	
		Full Time Job			Part Time Job			Disability
		Social Security			Pension			ADC/Welfare
		Unemployment			Business Owner			Gambling/Lottery
		Self Employed			Military Income			Other

Is City or Village Income Tax Withheld For:

Georgetown Village

Other City/Village

You Spouse You Spouse

Do you own the property in which you live? YES NO

If NO, list the name and address of landlord: _____

Do you own rental property? YES NO If YES, indicate type of property SINGLE FAMILY

DUPLEX APARTMENT TRAILER COMMERCIAL

List any rental property located inside Georgetown and name of current tenant(s) - use additional sheet if necessary

LIST OTHER HOSEHOLD MEMBERS
Please list all other members living in your residence

NAME	AGE	SSN#	EMPLOYER NAME (IF APPLICABLE)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information is accurate and complete to the best of my knowledge. Any false or misleading information is punishable under the penalties provisions of the Georgetown Income Tax Ordinance.

Signed: _____ Signed: _____ Date: _____