

CITY OF BROOK PARK

PHONE: 216-433-1533

ACCOUNT NO. _____

DEPARTMENT OF TAXATION QUESTIONNAIRE

DATE RECEIVED _____

The following information is necessary for our records.

1. NAME _____
(Print) First Middle Last
2. SPOUSE'S FIRST NAME AND MIDDLE INITIAL _____
3. YOUR BIRTHDATE _____ SPOUSE'S BIRTHDATE _____
4. ADDRESS _____
5. NUMBER OF YEARS AT THIS ADDRESS _____ IF APPLICABLE
DATE RETIRED _____
6. YOUR SS# _____ SPOUSE'S SS# _____
7. TELEPHONE NO. _____ DATE MOVED INTO BROOK PARK _____
IF APPLICABLE - DATE MOVED OUT OF BROOK
PARK _____
8. IF YOU HAVE FILED CITY OF BROOK PARK TAX RETURNS BEFORE, UNDER WHAT
NAME _____ ADDRESS _____
ACCOUNT NO. _____
NAME & ADDRESS OF PRESENT EMPLOYER _____

City
9. SPOUSE'S EMPLOYER _____
City
DO PRESENT EMPLOYERS WITHHOLD CITY INCOME TAX? YES ___ NO ___
10. DO YOU OR YOUR SPOUSE HAVE INCOME FROM SELF-EMPLOYMENT OR RENTAL
INCOME?
YES ___ NO ___ RENTAL PROPERTY ADDRESS _____
IS YOUR RENTAL INCOME IN EXCESS OF \$125.00 PER MONTH? ___ YES ___ NO
- 10A. NAME OF BROOK PARK TENANTS: _____
11. DO YOU RENT YOUR PLACE OF RESIDENCE? ___ IF YES, INDICATE NAME AND
ADDRESS OF OWNER _____
12. DOES ANY OTHER EMPLOYED PERSON RESIDE AT YOUR ADDRESS? _____
IF SO, LIST PERSON'S NAME, SS#, AGE AND PLACE OF EMPLOYMENT _____

13. LIST OTHER MEMBERS OF THE HOUSEHOLD ON THE BACK OF THIS SHEET.

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.

SIGNATURE _____ DATE _____

ALL INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL AND USED FOR CITY INCOME TAX PURPOSES ONLY.

14. ADDITIONAL HOUSEHOLD MEMBERS

NAME **RELATIONSHIP** **SS#** **DATE OF BIRTH**

1. _____

2. _____

3. _____

4. _____

5. _____