

**CITY OF OREGON - DEPARTMENT OF TAXATION
5330 SEAMAN ROAD OREGON, OH 43616-2608
419-698-7034**

INDIVIDUAL Questionnaire

NAME : _____ SOCIAL SECURITY # : _____
ADDRESS : _____ SPOUSE : _____
_____ SPOUSE S.S.# : _____
_____ PHONE : _____

The City of Oregon levies an Income Tax at the rate of 2.25% on all salaries, wages, net earnings from business activities, and other compensation earned by its residents. ***This tax equally applies to non-residents to the extent that they are engaged in business activities within the City.*** Information requested here is necessary to establish your income tax account and shall be held in strict confidence as stated in Ordinance No. 120-1969. You are to complete all portions of this form. **FAILURE TO COMPLY WITH THIS REQUEST MAY RESULT IN CRIMINAL PROSECUTION!**

Should you have difficulty answering any questions appearing on this form, or feel this form does not apply to you, please phone our office at 698-7034 for clarification. **This form must be completed, signed and returned within 10 days.**

1. Do you own the property listed above? _____ Yes _____ No
If no, state name and address of landlord: _____

2. Date that you moved into the City of Oregon: _____
Date that you moved out of the City of Oregon if applicable: _____
3. State your previous address: _____
4. Are you presently employed? _____ Yes _____ No
If yes, is this your first year to be employed while an Oregon resident? _____ Yes _____ No
If yes, state the name and address of your employer: _____

5. Do you have other income or are you engaged in any other business activity? _____ Yes _____ No
6. Do any other individuals with taxable income reside at this address: _____ Yes _____ No
If yes, state name and relationship _____
7. I certify the above to be true and accurate: _____
Signature Date

IT IS MANDATORY THAT ALL INDIVIDUALS RESIDING IN OREGON AND HAVING TAXABLE INCOME FILE A CITY RETURN!