

CITY OF NEW CARLISLE
331 S CHURCH STREET, PO BOX 419
NEW CARLISLE OH 45344
(937) 845-9492

INCOME TAX REGISTRATION

NAME _____ SOC SEC # _____

SPOUSE _____ SOC SEC # _____

STREET ADDRESS _____ DATE IN _____

MAILING ADDRESS (if different) _____

RENTING _____ BUYING _____ ESTIMATED ANNUAL INCOME _____

NAME & ADDRESS OF LANDLORD _____

PREVIOUS ADDRESS _____ HOW LONG THERE _____

EMPLOYER _____

SPOUSE'S EMPLOYER _____

IF SELF EMPLOYED, NATURE OF BUSINESS _____

RETIRED _____ NAME(S) _____

RETIREMENT DATES _____

IF DISABILITY RETIREMENT IS IT TEMPORARY OR PERMANENT _____

SOURCE OF OTHER INCOME _____

DATE OF BIRTH _____

NAMES OF ALL OTHER MEMBERS OF YOUR HOUSEHOLD WHO HAVE EARNED INCOME

Signature

Date

Spouse's Signature

Telephone Number