

**VILLAGE OF GAMBIER, OHIO  
INDIVIDUAL QUESTIONNAIRE  
Division of Income Tax  
Gambier Community Center  
115 Meadow Lane, P.O. Box 1994  
Gambier, OH 43022**

Diane Steinmetz, Income Tax Administrator  
taxadministrator@villageofgambier.org

NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
MAIL ADDRESS: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

For the purpose of updating our records with regard to the Village of Gambier Income Tax, please fill in the following questionnaire. Please print clearly and answer all questions. Include information on anyone 18 years of age and older in your household. This will enable us to establish accurate records. Your cooperation will be gratefully appreciated. Failure to complete form will result in a mandatory filing of a tax return. All information is confidential.

1. Date you became a resident of Gambier \_\_\_\_\_
2. Are you employed? Yes \_\_\_\_ No \_\_\_\_  
Name and address of employer/s \_\_\_\_\_
3. Is your Spouse employed? Yes \_\_\_\_ No \_\_\_\_  
Name and address of Spouse's employer/s \_\_\_\_\_
- 3a. Name of other employed members of household \_\_\_\_\_
4. Are you a Kenyon College Off-Campus Student? Yes \_\_\_\_ No \_\_\_\_
5. Is total income derived from salary, wages? Yes \_\_\_\_ No \_\_\_\_
6. Do you have self-employed income, or part time income? Yes \_\_\_\_ No \_\_\_\_
7. Do you have rental income? Yes \_\_\_\_ No \_\_\_\_ If Yes: Give potential yearly gross \$ \_\_\_\_\_
8. 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"/> Stay at Home Parent	<input type="checkbox"/> In U.S. Armed Services
<input type="checkbox"/> Check if under 18 years of age	
<input type="checkbox"/> Other reasons (Please specify) _____	

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_