

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

Kathryn Schonauer, Tax Administrator

NAME: _____ SOCIAL SECURITY NO. _____
MAIL ADDRESS: _____ STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

For the purpose of updating our records with regard to the Village of Gambier Income Tax, please fill in the following questionnaire. Please print plainly, 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.

1. Date you became a resident of Gambier _____
2. Are you employed? Yes ____ No ____
Name and address of employer _____
3. Is your Spouse employed? Yes ____ No ____
Name and address of Spouse's employer _____
- 3A. Name of other employed members of household _____
4. Is total income derived from salary, wages? Yes ____ No ____
5. Do you have self employed income, or part time income? Yes ____ No ____
6. List sources of income and/or employers:
Name and Address of Employer of Source of Income for last 4 years.

(If Gambier Village Income Tax is deducted by Employer mark "X" in box to left)
7. If unemployed mark "X" in box which most accurately describes your situation.
 Retired on Pension or Social Security Unemployable because of age or health
 Unemployed Housewife In U.S. Armed Services
 Student Check if under 18 years of age
 Other reasons (Please specify) _____

8. Do you have rental Income? Yes ____ No ____ If Yes: Give potential yearly gross \$ _____

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

Signed _____
Person Completing Form

Phone Number _____
Date _____

