



**CITY OF KETTERING**

**TAX DIVISION**

**INDIVIDUAL TAX QUESTIONNAIRE**

**DATE MAILED** \_\_\_\_\_

Please complete the following and return to the City of Kettering - Tax Division, P.O. Box 293100, Kettering, Ohio 45429, within 15 days from the date mailed.

1. Name \_\_\_\_\_ Taxpayer's Social Security No. \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Spouse's Social Security No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Date moved to Kettering \_\_\_\_\_ Old Address \_\_\_\_\_  
 Date moved from Kettering \_\_\_\_\_

3. Name/address of your employer(s) \_\_\_\_\_  
 \_\_\_\_\_

Is employer withholding city tax? Yes \_\_\_\_\_ No \_\_\_\_\_ For what city? \_\_\_\_\_

Name/address of spouse's employer(s) \_\_\_\_\_  
 \_\_\_\_\_

Is employer withholding city tax? Yes \_\_\_\_\_ No \_\_\_\_\_ For what city? \_\_\_\_\_

4. If self-employed:  
 Business name/address \_\_\_\_\_  
 Nature of business \_\_\_\_\_  
 Federal I.D. number (if applicable) \_\_\_\_\_

Do you have employees? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you withholding city tax? Yes \_\_\_\_\_ No \_\_\_\_\_

What city (cities) do you work in? \_\_\_\_\_

5. Do you work in a locale other than where your employer is located? Yes \_\_\_\_\_ No \_\_\_\_\_

Location of work \_\_\_\_\_

Does your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_ Location of work \_\_\_\_\_

**(Over)**

6. If you have income other than salary, wages or self-employment, please complete the following:

Do you own rental property? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have gross rental receipts (income before expenses) in excess of \$100 per month? Yes \_\_\_\_ No \_\_\_\_

List address(es) of rental(s) \_\_\_\_\_  
\_\_\_\_\_

Other income, e.g., partnerships, estates, trusts, miscellaneous, etc. \_\_\_\_\_  
\_\_\_\_\_

7. Are you currently filing a city income tax return? Yes \_\_\_\_\_ No \_\_\_\_\_

What city? \_\_\_\_\_

8. Did you file a City of Kettering Income Tax Return last year? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you been audited by the Internal Revenue Service within the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what tax years? \_\_\_\_\_

10. If you are not liable for City of Kettering tax, state reason below, sign the questionnaire and return the form to the City of Kettering Tax Division. Reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Phone (home)

\_\_\_\_\_  
Phone (work)