

Office use only: File # _____

Date received _____ Date entered _____

**City of Monroe
Income Tax**
P.O. BOX 629
Monroe, Ohio 45050
513-539-7374 Option #3
tax@monroeohio.org

Resident Account Registration Form

Contact Information:

NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY # _____

SPOUSE _____ DATE OF BIRTH _____ SOCIAL SECURITY # _____

ADDRESS _____ EFFECTIVE DATE _____

EMAIL ADDRESS _____ PHONE _____

PREFERRED METHOD OF CONTACT Mail Phone Email

PREVIOUS ADDRESS) _____

Employment Information:

Are you employed? Yes no (If yes, please provide name and Location of employer)

If employed, is city tax withheld by employer? Yes no

Are you self employed? Yes no (If yes, please fill out business activity section on back of form)

If not employed, what is your source of income? Please circle all that apply:

Social Security Pension Interest Dividends Disability (Permanent) Workers Compensation

Alimony Other (please specify) _____

Do you own rental property? Yes no (If yes, please fill out rental section on back of form)

Additional Information:

Are you presently filing with our office or have you previously filed with our office? Yes no

List of all Adults living in your home (not listed above) DATE OF BIRTH SOCIAL SECURITY #

RENTAL PROPERTIES

Address

City

State

Date Rental
Activity Began

BUSINESS ACTIVITIES

Name of Business

Address of business

Phone Number

Date Business Started

Under penalties of perjury, I declare that I have examined this registration form, and to the best of my knowledge and belief, the information provided herewith is true, correct, and complete.

Signature _____ Date _____