

VILLAGE OF MORROW

Department of Taxation

Individual Questionnaire

In accordance with the Village of Morrow Ordinance which became effective in July 7, 1981, all residents are required to pay a City Income Tax at the rate of one per cent (1%) per annum on all salaries, wages, commissions, and some other types of compensations. In order to determine your city tax liability, if any, the following information is required. Please answer all questions carefully and return this questionnaire within 10 days.

(Please Print or Type)

\_\_\_\_\_  
 Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of employer \_\_\_\_\_ Retired \_\_\_\_\_ Year \_\_\_\_\_  
 Address where work is performed \_\_\_\_\_  
 Is employer withholding city income tax \_\_\_\_\_ For what city \_\_\_\_\_  
 Date moved to Morrow \_\_\_\_\_ Previous address during last three years \_\_\_\_\_

\_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
 Name of employer \_\_\_\_\_ Retired \_\_\_\_\_ Year \_\_\_\_\_  
 Address where work is performed \_\_\_\_\_  
 Is employer withholding city income tax \_\_\_\_\_ For what city \_\_\_\_\_

List Names and Employers of other persons living in your household.

| Name  | Employer & Location of Work |
|-------|-----------------------------|
| _____ | _____                       |
| _____ | _____                       |
| _____ | _____                       |

Do you own home \_\_\_\_\_ Rent \_\_\_\_\_ If renting, give name & address of landlord \_\_\_\_\_

If you have income from sources other than salaries, wages or commissions, please complete the information below. Income from poor relief, unemployment compensation, social security pensions, military pay and similar payments are exempt from city tax.

Do you own rental property? Yes \_\_\_ No \_\_\_ List addresses of all rental property \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Income from rental properties is taxable when the monthly gross rental is in excess of \$250.00 per month. It is requested of all owners of rental properties to submit the names and addresses of all tenants.

Do you have any other income? Yes \_\_\_ No \_\_\_ If yes, list type \_\_\_\_\_

The statements made on this Questionnaire are true, correct and complete.

\_\_\_\_\_  
 Date \_\_\_\_\_ Signature \_\_\_\_\_