ACCT #:

City of Newark **Income Tax Division** PO Box 4577 Newark Oh 43058	**Individual Registration Form** Registering as (check one) ☐ Resident ☐ Non-resident	Phone: 740-670-7580 Fax: 740-670-7581 Email: citytax@newarkohio.net Website: www.newarkohio.net

Please assist us in completing your account information. If you have any questions while completing this form, please contact our office. Mail, fax or e-mail within 10 days. Thank you for your cooperation.

Taxpayer Name _____ Social Security # _____

Address* _____

*If you or your spouse have not lived at above address 7+ years, please list your addresses with dates for each for the last 7 years from most recent to oldest on the back of this form for each spouse (if applicable).

Home Phone # _____ **Daytime Phone #** _____ **Date of Birth** _____

Check here if we may contact you by email. **Email** _____

Date moved into City _____ **Do you** (check one) ☐ Own ☐ Rent ☐ Lease

If you rent or lease, what is the name and address of your landlord? _____

_____

Type of Income (Please check all that apply)

☐ Employed (W2 wages) ☐ Self Employed (Schedule C) ☐ Rental Property Owner (Schedule E) ☐ Retired ☐ Disabled ☐ Gambling Winnings

Other: _____ (Please specify)

Name of Employer: _____

Address of Employer: _____

Is local tax being withheld? (Check one) ☐ Yes, name of City _____ ☐ No

If you have not worked for the above employer 7+ years, please list all employers for the last 7 years from most recent to oldest on the back. For each employer include: name of employer, address, start & end dates. If city tax withheld, list the city that tax was withheld.

Schedule C filers: Date began business(es) in city _____

Schedule E filers: Date purchased rental property and location _____

If you have multiple rental properties, please list the purchase date and location of each property on the back of this form.

Spouse Name _____ Social Security # _____

Daytime Phone # _____ **Date of Birth** _____ **Date moved into City** _____

Check here if we may contact you by email. **Email** _____

Spouse Type of Income (Please check all that apply.)

☐ Employed (W2 wages) ☐ Self Employed (Schedule C) ☐ Rental Property Owner (Schedule E) ☐ Retired ☐ Disabled ☐ Gambling Winnings

Other: _____ (Please specify)

Name of Employer: _____

Address of Employer: _____

Is local tax being withheld? (Check one) ☐ Yes, name of City _____ ☐ No

If you have not worked for the above employer 7+ years, please list all employers for the last 7 years from most recent to oldest on the back. For each employer include: name of employer, address, start & end dates. If city tax withheld, list the city that tax was withheld.

Filing Status Requested for City Return: (Check one) ☐ Joint ☐ Married filing Separate ☐ Single

Taxpayer Signature _____ **Date** _____

Spouse Signature _____ **Date** _____