



Ashville, Ohio
Tax Dept.

VILLAGE OF ASHVILLE
INCOME TAX REGISTRATION FORM

Name: _____

Social Security #: _____

Spouse: _____

Social Security #: _____

Address: _____

Filing Status: _____

Phone #: _____

1. Are you employed? Yes ___ No ___ Is your spouse employed? Yes ___ No ___
2. Is your total income derived from salary or wages? Yes ___ No ___
3. List source(s) of income and/or employer(s) (including address):

4. Do you have gross rental income from real estate, including farms, exceeding \$250.00 per month? Yes ___ No ___

Does your spouse? Yes ___ No ___

5. Are you retired? Yes ___ No ___

Is your spouse? Yes ___ No ___

6. Date you became a resident _____(month/day/year)

7. If any other employed persons 18 years of age or over reside at this address, please list their name(s), social security #- and place of employment (including address).

Date: _____ Signature of person completing form _____