

Resident Information Sheet

Please Print or Type

NAME _____ SOCIAL SECURITY NUMBER _____
NAME (SPOUSE) _____ SOCIAL SECURITY NUMBER _____
ADDRESS _____ TELEPHONE NUMBER _____
CITY/STATE/ZIP _____ DATE OF BIRTH _____
DATE MOVED INTO CANTON _____ DATE OF BIRTH (SPOUSE) _____

| Employers Company Name(s) and Location | Dates of Employment |
|--|---------------------|
| 19 _____ | _____ |
| 19 _____ | _____ |
| 19 _____ | _____ |
| 19 _____ | _____ |
| 19 _____ | _____ |
| 19 _____ | _____ |

Is city tax withheld by employer(s)? Yes No

To what city or cities do you pay the tax? _____

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

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

Do you have Royalty income? _____ Source of Royalty _____

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

Interest Dividends Disability Workers Compensation Alimony ADC Other (please specify)

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

If you are presently filing or have filed a return with our department under a number different from your social security number, please indicate social security number or identification number _____

Please sign declaration on back of form.

If you have moved out of Canton, please indicate date moved out of the city _____

Your present address _____

Rental Properties

| <u>Address</u> | <u>City</u> | <u>State</u> | <u>Date Rental Activity Began</u> |
|----------------|-------------|--------------|-----------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Business Activities

| <u>Name of Business</u> | <u>Address of Business</u> | <u>Phone No</u> | <u>Date Business Started</u> |
|-------------------------|----------------------------|-----------------|------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Additional Information

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

Signature _____ Title _____ Date _____