

MASON TAX OFFICE
 6000 Mason-Montgomery Road
 Mason, Ohio 45040
 513.229.8535 (Phone)
 513.229.8531 (Fax)
 tax@masonoh.org



INDIVIDUAL INCOME TAX QUESTIONNAIRE

Please assist us in completing your account information. All information is required by Ordinance #50-1970. Information provided to the Mason Tax Office is kept confidential. If you have questions regarding the completion of this form, please contact our office.

NAME: _____ SOCIAL SECURITY NUMBER: _____
Last First Middle

Married Single Full-Time Student Part-Time Student Retired, date retired: _____

SPOUSE'S NAME: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____
Last (if different) First Middle

Full-Time Student Part-Time Student Retired, date retired: _____

ADDRESS: _____
Street City State Zip Code

CONTACT: _____
Home Phone Cell Phone E-mail

DATE MOVED INTO MASON: _____ Own Rent

LANDLORD (if renting): _____
Name Street City State Zip Code

EMPLOYER: _____
Name Street City State Zip Code

Mason tax withheld Other city's tax withheld _____

SPOUSE'S EMPLOYER: _____
Name Street City State Zip Code

Mason tax withheld Other city's tax withheld _____

BUSINESS INCOME: Schedule C Partnership Rental Income S Corporation

OTHER MEMBERS OF YOUR HOUSEHOLD WITH EARNED INCOME:

Name	Social Security Number	Employer or Type of Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Return within 15 days to the Mason Tax Office at the address at the top of the page. Thank you for your cooperation.