

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 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 MEMEBERS OF YOUR HOUSEHOLD WITH EARNED INCOME:

Name Social Security Number Employer or Type of Income

Name Social Security Number Employer or Type of Income

Name Social Security Number Employer or Type of 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.*