



City of Mansfield  
Income Tax Division  
P.O. Box 577  
Mansfield, OH 44901  
Phone: 419-755-9711 Fax: 419-755-9751  
[www.ci.mansfield.oh.us](http://www.ci.mansfield.oh.us)

### INDIVIDUAL QUESTIONNAIRE

For the purpose of our records, with regard to Mansfield Income Tax, please complete and return this Questionnaire promptly.

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Spouse's Name: \_\_\_\_\_ Phone Number : \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Date moved into Mansfield: \_\_\_\_\_

4. Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_

5. If renting, provide landlord information:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Do you own rental property? Yes \_\_\_\_\_ No \_\_\_\_\_

Address of rental property. (If more than one, please provide listing on separate page).

Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

7. Are you self-employed? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes list name and address of business).

Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employees? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes please provide your Federal Employer Identification Number).

FEIN : \_\_\_\_\_

(OVER)

8. List all other persons in the household Eighteen (18) years of age or older:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please mail the completed form to the address on the front page. Form may be faxed to 419-755-9751.

**Mansfield tax ordinance requires any individual 18 years of age or older, domiciled in or whose usual place of abode is in the City of Mansfield for any portion of the tax year, to file on or before the filing deadline an annual income tax return. This is a requirement even if no tax is due.**