

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

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:			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:			Zip
6.	Do you own rental property? Yes	No		
	Address of rental property. (If more than	one, ple	ease provide listing on separ	ate page).
	Street Address:			_
	City			
7.	Are you self-employed? Yes No		(If yes list name and addres	s of business).
	Business Name:			
	Street Address:			
	City:			Zip
	Employees? Yes No (If y	es pleas	se provide your Federal Emp	loyer Identification Number

Name:	Phone 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.