

**Village of Williamsburg Income Tax Bureau**  
**107 West Main Street**  
**Williamsburg, Ohio 45176**

**PHONE: (513) 724-6107**

**FAX: (513) 724-6212**

**CONFIDENTIAL INDIVIDUAL QUESTIONNAIRE**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ P.O. Box \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

New Residents - Date Moved Into Williamsburg: \_\_\_\_\_

Types of Income:

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">YOU</td> <td style="width: 10%; text-align: center;">SPOUSE</td> <td style="width: 80%;"></td> </tr> <tr> <td>Check</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>FULL TIME JOB</td> </tr> <tr> <td>all</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>SOCIAL SECURITY</td> </tr> <tr> <td>that</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>UNEMPLOYMENT</td> </tr> <tr> <td>apply</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>SELF EMPLOYED</td> </tr> </table>		YOU	SPOUSE		Check	<input type="checkbox"/>	<input type="checkbox"/>	FULL TIME JOB	all	<input type="checkbox"/>	<input type="checkbox"/>	SOCIAL SECURITY	that	<input type="checkbox"/>	<input type="checkbox"/>	UNEMPLOYMENT	apply	<input type="checkbox"/>	<input type="checkbox"/>	SELF EMPLOYED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">YOU</td> <td style="width: 10%; text-align: center;">SPOUSE</td> <td style="width: 80%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>PART TIME JOB</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>PENSION</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>ADC/WELFARE</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>OTHER</td> </tr> </table>		YOU	SPOUSE			<input type="checkbox"/>	<input type="checkbox"/>	PART TIME JOB		<input type="checkbox"/>	<input type="checkbox"/>	PENSION		<input type="checkbox"/>	<input type="checkbox"/>	ADC/WELFARE		<input type="checkbox"/>	<input type="checkbox"/>	OTHER	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">YOU</td> <td style="width: 10%; text-align: center;">SPOUSE</td> <td style="width: 80%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>BUSINESS OWNER</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>DISABILITY</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>MILITARY INCOME</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>OTHER</td> </tr> </table>		YOU	SPOUSE			<input type="checkbox"/>	<input type="checkbox"/>	BUSINESS OWNER		<input type="checkbox"/>	<input type="checkbox"/>	DISABILITY		<input type="checkbox"/>	<input type="checkbox"/>	MILITARY INCOME		<input type="checkbox"/>	<input type="checkbox"/>	OTHER
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Is City or Village Income Tax Withheld For:

YOU	SPOUSE		YOU	SPOUSE
<input type="checkbox"/>	<input type="checkbox"/>	WILLIAMSBURG	<input type="checkbox"/>	<input type="checkbox"/>
		OTHER CITY/VILLAGE		

Do you own the property in which you live?  YES  NO

If NO, list the name and address of landlord: \_\_\_\_\_

Do you own rental property?  YES  NO      If YES, indicate type of property.  
 SINGLE FAMILY     DUPLEX     APARTMENT     TRAILER     COMMERCIAL

List any rental property located inside Williamsburg and name of current tenant(s). - use additional sheet if necessary

\_\_\_\_\_  
 \_\_\_\_\_

**LIST OTHER HOUSEHOLD MEMBERS**

NAME	AGE	SOCIAL SECURITY NUMBER	EMPLOYER NAME (IF APPLICABLE)
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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*  
 I certify that the information is accurate and complete to the best of my knowledge. Any false or misleading information is punishable under the penalties provisions of the Williamsburg Income Tax Ordinance.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_