



City of Brunswick, Ohio Individual Registration

Please complete the following questionnaire. This information is needed to establish accurate and updated records for the Income Tax Department.

Date moved in: _____ Address: _____
Own ___ Rent ___ Landlord's name & address (if renting): _____

Name: _____ Social Security Number: _____
Date of Birth: _____
Place of employment: _____ Date hired: _____

Spouse's name: _____ Social Security Number: _____
Date of Birth: _____
Place of employment: _____ Date hired: _____

Are you, or your spouse, self-employed: Yes ___ No ___

Report all other sources of income and location (Ex: Partnerships, S-Corporation, Rental property, Gambling winnings, etc.):

Are you, or your spouse, retired: Yes ___ No ___ Date of retirement: _____

Person(s) in your household eighteen (18) years of age or older, including person(s) who will turn 18 during the calendar year:

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Signature: _____ Date: _____

Spouse Signature: _____ Phone number: _____

Please return this form to: City of Brunswick Income Tax Department
P.O. Box 0816
Brunswick, OH 44212

Thank you for your cooperation