



City of Huber Heights
Division of Taxation
P. O. Box 24309
Huber Heights, Ohio 45424
Phone: (937) 237-2976
Fax: (937) 237-2983

INDIVIDUAL - INCOME TAX QUESTIONNAIRE

Huber Heights has a mandatory filing requirement for all residents.

Acct:# _____
(Office Use Only)

Taxpayer Information (Please type or print)

Name _____ Social Security ____/____/____

DOB ____/____/____ Home Telephone # (____) _____ Work Telephone # (____) _____

Current Address _____ City _____ State _____ Zip _____

Date Moved to Current Address ____/____/____

Email Address _____

Employer _____

Employer Address _____

Employment Date ____/____/____ City tax withhold? No ____ Yes ____, for the City of _____

Self Employed Business Name _____ Type of Business _____

Business Address _____ Date Business started ____/____/____

Do you have employees? No ____ Yes ____, If YES, your Federal ID# _____

Spouse Information

Name _____ Social Security ____/____/____

DOB ____/____/____ Home Telephone # (____) _____ Work Telephone # (____) _____

Employer _____

Employer Address _____

Employment Date ____/____/____ City tax withhold? No ____ Yes ____, for the City of _____

Spouse Information Continued

Self Employed Business Name _____ Type of Business _____

Business Address _____ Date Business started ____/____/____

Do you have employees? No ____ Yes ____, If **YES**, your Federal ID# _____

Previous Addresses

1. _____ City _____ State _____ Date in ____/____out____/____

2. _____ City _____ State _____ Date in ____/____out____/____

Rental Property

Do you own Rental Property? Yes ____ No ____ If Yes, continue below.

Location of property [actual address(es)]

Date acquired and/or date first rented ____/____ Use separate sheet for additional listings.

Other Income

Other Income, e.g. partnerships, commissions, fees, etc. List types:

Other Members of Household

Names and Social Security Numbers of other members of the household over age 18:

SSN: ____/____/____ DOB ____/____/____

SSN: ____/____/____ DOB ____/____/____

SSN ____/____/____ DOB ____/____/____

If you are not liable for city tax, give reason

Active Duty Military income and some types of retirement income are not taxable. You may **still be required** to file a Return.

Signed _____ Date ____/____/____