



**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# \_\_\_\_\_

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**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# \_\_\_\_\_

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## 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:

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$$N_{\text{sites}} = 1.8 \times 1.8 \text{ nm}^2, N_{\text{sites}} = 6.4 \text{ nm}^2, N_{\text{sites}} = 6.4 \text{ nm}^2, N_{\text{sites}} = 1.1 \text{ nm}^2$$

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SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

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**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 \_\_\_\_/\_\_\_\_/\_\_\_\_