

**ABERDEEN INCOME TAX BUREAU
VILLAGE OF ABERDEEN
P.O. BOX 579
MT. ORAB, OHIO 45154**

PHONE: (800) 779-3165

FAX: (937) 444-9241

INDIVIDUAL QUESTIONNAIRE

Name: _____

Social Security # _____ - _____ - _____

Spouse Name: _____

Social Security # _____ - _____ - _____

Mailing Address: _____

P.O. Box _____

Home Phone: _____

Work Phone: _____

Other Phone: _____

New Residents - Date Moved Into Aberdeen: _____

Types of Income:

Check all that apply	YOU	SPOUSE	FULL TIME JOB	YOU	SPOUSE	PART TIME JOB	YOU	SPOUSE	BUSINESS OWNER
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	SOCIAL SECURITY	<input type="checkbox"/>	<input type="checkbox"/>	PENSION	<input type="checkbox"/>	<input type="checkbox"/>	DISABILITY
	<input type="checkbox"/>	<input type="checkbox"/>	UNEMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>	ADC/WELFARE	<input type="checkbox"/>	<input type="checkbox"/>	MILITARY INCOME
<input type="checkbox"/>	<input type="checkbox"/>	SELF EMPLOYED	<input type="checkbox"/>	<input type="checkbox"/>	GAMBLING/LOTTERY	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	

Is City or Village Income Tax Withheld For:

YOU SPOUSE
 ABERDEEN

YOU SPOUSE
 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 Aberdeen and name of current tenant(s). - use additional sheet if necessary

LIST OTHER HOUSEHOLD MEMBERS

PLEASE LIST ALL OTHER MEMBERS (ADULTS/CHILDREN) LIVING IN YOUR RESIDENCE

NAME	AGE	SOCIAL SECURITY #	EMPLOYER NAME (IF APPLICABLE)
------	-----	-------------------	-------------------------------

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 Aberdeen Income Tax Ordinance.

Signed: _____ Signed: _____ Date: _____