



Founded 1790

City of Gallipolis

INCOME TAX DEPARTMENT

P O BOX 339
GALLIPOLIS, OHIO 45631

Telephone (740) 441-6009 EXT 721

Facsimile (740) 441-2062

Email citytax@gallipoliscity.com

Ronnie Lynch

TAX ADMINISTRATOR

Individual Questionnaire

Name _____ Social Security # _____ bd _____
 Spouse _____ Social Security # _____ bd _____
 Street Address _____
 City/State/Zip _____ Telephone# _____

Are you employed? Yes _____ No _____ Are you 65 yrs. Or older? Yes ___ No _____

If so, Where? _____

Spouse Employed? Yes ___ No _____ Are you 65 yrs. Or older? Yes ___ No _____

If so, Where? _____

If not employed, what is your source of income? _____

Date you moved into Gallipolis _____

List all other occupants of your household over 16 yrs of age :

(check BOX to left if Gallipolis Income Tax is Withheld from pay)

| NAME | Social Security # | Age | Name of Employer |
|-------|-------------------|-------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do you OWN or RENT inside the City of Gallipolis? If you rent, give name and address of landlord(circle one) _____

Do you or any member of your household own a business or rental property? Yes ___ No ___

Name of person who owns business or rental property _____

Address of business or rental property _____

Date Acquired: _____

If rented, name of current tenant: _____

I do hereby certify that to the best of my knowledge the above information is true and correct.

Signature Date