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# 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](mailto:citytax@gallipoliscity.com)

### NON-RESIDENT INDIVIDUAL QUESTIONNAIRE

For the purpose of establishing and/or updating our records, with regard to Gallipolis Income Tax, please complete and promptly return this questionnaire. Be sure to type or print plainly and answer all questions.

Name \_\_\_\_\_

Street Address \_\_\_\_\_ Social Security # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Are you now or have you been employed within the City? Yes \_\_\_\_\_ No \_\_\_\_\_

Date you became employed within the City \_\_\_\_\_

Place of employment \_\_\_\_\_

Do you own rental property in the City? Yes \_\_\_\_\_ No \_\_\_\_\_

Date you acquired rental property within the City \_\_\_\_\_

Location of the rental property \_\_\_\_\_

Do you own a business within the City? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, enter the Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Start-up Date \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date