



Founded 1780

City of Gallipolis

INCOME TAX DEPARTMENT

P O BOX 339
GALLIPOLIS, OHIO 45631

Telephone (740) 441-6009
Facsimile (740) 441-2062
Email citytax@gallipolis.net

Ronnie Lynch
TAX ADMINISTRATOR

Individual Questionnaire

(DOB=DATE OF BIRTH)

Name _____ Social Security # _____ DOB ____/____/____
Spouse _____ Social Security # _____ DOB ____/____/____
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
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

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