

OFFICE HOURS
8:00 am to 4:30 pm MONDAY thru FRIDAY

TAX ADMINISTRATOR

P.O. Box 117 • Celina, Ohio 45822-0117
 Telephone: (419) 586-2594 • Fax: (419) 586-2577
 www.celinaohio.org

TAX USE ONLY	
CODE	
BY	

QUESTIONNAIRE

(Individual this side - Business back side)

•TYPE OR PRINT CLEARLY
 and RETURN PROMPTLY
 Revised 12/12

This questionnaire is confidential and only for the purpose of updating your tax records. Status information for Individuals (front side) and Businesses (back side) of this form. If additional space is required to complete this form, please attach supplemental sheets.

The City of Celina, by authority of Section 5747.18 of the Ohio Revised code, has obtained your address information from the Ohio Department of Taxation because you did file an Ohio Income Tax Return for year _____.

1. a. Your full name _____ and Social Security # _____
 b. Date you became a resident of Celina: ____ / ____ / ____ Date of Birth _____
 c. Are you employed? Yes No, If no, Reason - Retired Laid-Off Other, explain _____
 d. Present Employer: _____ Address: _____ From _____ To _____
 e. Previous Employer: _____ Address: _____ From _____ To _____
2. a. Spouse's name _____ and Social Security # _____
 b. Date you became a resident of Celina: ____ / ____ / ____ Date of Birth _____
 c. Are you employed? Yes No, If no, Reason - Retired Laid-Off Other, explain _____
 d. Present Employer: _____ Address: _____ From _____ To _____
 e. Previous Employer: _____ Address: _____ From _____ To _____
3. Do you own your residence? Yes No. If no, and you are renting, complete next line.
 Landlord: _____ Phone # _____
 Address: _____
4. Do you own rental property(s)? Yes No. If yes, list addresses and dates purchased.
 Address: _____ Purchased: ____ / ____ / ____
5. Do you have farm income? Yes No. If yes, list addresses and dates purchased.
 Address: _____ Purchased: ____ / ____ / ____
6. Do you own a business? Yes No. If yes, please complete the back side of this questionnaire. If no, stop here and just sign below.

* SIGNATURE: _____ Does hereby state information is true and correct.
 Phone No : (_____) _____ Address change below if not as typed above.
 New Address: _____

Type of work:

- Excavation/Grading
- Wrecking-Demolition
- Roofing-Siding-Sheet Metal
- Fire Protection
- Plumbing
- Electrical-Telecommunications

- Site Utilities
- Concrete
- Windows/curtainwall
- Elevator (other)
- Electrical
- Material Supplier only

- Lanscaping
- Steel/Metals
- Flooring
- HVAC
- Electrical-Fire Alarm

- Paving
- Carpentry/Millwork
- Painting
- HVAC - Hydronic

Subcontractor:

Section & Description:

Ohio Contractor Registration #:

Federal ID #:

Street Address:

City, State, Zip:

Office Phone #:

Fax #:

Emergency Contact:

Primary Contact & Title

Type of work:

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Comments: