

QUESTIONNAIRE

CITY OF PARMA HEIGHTS
FINANCE DEPARTMENT – TAX DEPARTMENT
6281 Pearl Road, Parma Heights, Ohio 44130

Please Print or Type

1. NAME: _____ BIRTHDATE: _____ SOC. SEC. NO.: _____
First Mi Last
2. SPOUSE'S NAME: _____ BIRTHDATE: _____ SOC. SEC. NO.: _____
First Mi Last
3. ADDRESS: _____ SUITE NO: _____
4. PHONE NO: () _____ DATE MOVED INTO PARMA HEIGHTS _____
DATE MOVED OUT OF PARMA HEIGHTS _____
5. GIVE NAME, BIRTHDATE, AND SOCIAL SECURITY # OF ALL CHILDREN AND OTHERS RESIDING AT THIS ADDRESS:

NAME	BIRTHDATE	SSN	NAME	BIRTHDATE	SSN

6. EMPLOYER: _____ SPOUSES EMPLOYER: _____

7. IF YOU OR YOUR SPOUSE ARE NOT EMPLOYED, MARK AN "X" IN FRONT OF THE STATEMENT WHICH MOST ACCURATELY APPLIES:

STATUS THAT APPLIES TO NAME ON LINE 1

- _____ RETIRED SINCE _____ TEMPORARILY UNEMPLOYED SINCE _____
_____ DISABLED SINCE _____ IN ARMED SERVICES SINCE _____
_____ OTHER _____

STATUS THAT APPLIES TO NAME ON LINE 2

- _____ RETIRED SINCE _____ TEMPORARILY UNEMPLOYED SINCE _____
_____ DISABLED SINCE _____ IN ARMED SERVICES SINCE _____
_____ OTHER _____

8. DO YOU OR YOUR SPOUSE HAVE INCOME FROM SELF-EMPLOYMENT? _____ YES _____ NO

IF YES, NAME OF BUSINESS: _____ FEDERAL I.D. _____

ADDRESS: _____

IF A PARTNERSHIP IS LOCATED IN PARMA HEIGHTS, GIVE NAME AND ADDRESS OF EACH PARTNER:

9. DO YOU OR YOUR SPOUSE OWN RENTAL PROPERTY, INCLUDING FARM RENTAL? _____ YES _____ NO

IF YES, ADDRESS OF RENTAL PROPERTY _____

10. DO YOU OWN YOUR PLACE OF RESIDENCE IN PARMA HEIGHTS? _____ YES _____ NO

IF YES, DATE OF PURCHASE _____

IF NO, GIVE NAME AND ADDRESS OF OWNER: _____

SIGNATURE _____

DATE _____