

INDIVIDUAL REGISTRATION

Please mail completed form to: City of Wooster Income Tax Department
PO Box 1088, Wooster, OH 44691

Or fax to:
(330)-263-5262

Date moved into the City of Wooster _____

Phone No. _____

Primary Name _____ Primary social security # _____ - _____ - _____

Spouse Name _____ Spouse social security # _____ - _____ - _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

LIST ALL OTHER RESIDENTS IN HOUSE (AGE 18 AND OLDER)

<u>NAME</u>	<u>SOCIAL SECURITY #</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check All Applicable Boxes For Sources of Income:

- My only income is wages from an employer.
- I am self-employed. Please list business name and address. Please check IRS filing method: Sole proprietor Other – we will contact you to register your business
- _____
- Rental Income
- Social Security/Pension
- Other

Signature _____ Date _____

I declare that to the best of my knowledge the above information is true and correct.