

**Individual Registration Form**



Phone 330-263-5226

Fax 330-263-5262

**Names:**

\_\_\_\_\_  
Primary Social Security Number                      First Name                      Middle                      Last Name

\_\_\_\_\_  
Spouse Social Security Number                      First Name                      Middle                      Last Name

Primary date of birth: \_\_\_\_\_ Spouse date of birth: \_\_\_\_\_

**Residence Address Information:**

\_\_\_\_\_  
Number                      Street Name                      Apt./Suite #                      PO Box

\_\_\_\_\_  
City                      State                      Zip Code                      Email: \_\_\_\_\_

Date moved into this address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you own or rent your home? Please ✓ Own  Rent

If renting please give Landlord's name, address, and phone number: \_\_\_\_\_

**Previous Address Information:**

\_\_\_\_\_  
Number                      Street Name                      Apt./Suite #                      PO Box

\_\_\_\_\_  
City                      State                      Zip Code

Date moved into this address: \_\_\_\_\_

**Employment information:**

Are you employed? Yes  No  Is your spouse employed? Yes  No

Are you retired and/or have no taxable income? Yes  No  If yes, date you retired: \_\_\_\_\_

Is your spouse retired and/or have no taxable income? Yes  No  If yes, date you retired: \_\_\_\_\_

Do you have income reported on Federal Schedules C, E, or F? Yes  No

Does your spouse have income reported on Federal Schedules C, E, or F? Yes  No

Do you and/or your spouse own rental property? Yes  No

If yes, please list properties and tenant names if located inside Wooster city limits \_\_\_\_\_

Mail form to:

City of Wooster Income Tax Department

PO Box 1088

Wooster, OH 44691