



SALEM INCOME TAX DEPARTMENT
 231 S. Broadway Ave. Salem, OH 44460
 Ph: 330-332-4241 Ext. 225 FAX: 330-337-0246
 e-mail: taxes@cityofsalemohio.org

INDIVIDUAL REGISTRATION FORM

Contact Information:

NAME _____ SS# _____ SINGLE _____ MARRIED _____
 SPOUSE _____ SS# _____ (if available)
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ EXT. _____ CELL _____ e-mail _____

Residency Information:

Date moved into Salem: _____
 Previous Salem Address - if applicable- _____
 If you are currently moving into Salem, were you, or your spouse, ever previously a Salem resident?
You: Yes ___ No ___ If yes, when? ___ Spouse: Yes ___ No ___ If yes, when? ___
 Do you OWN ___ or RENT ___ at your new address?
 If you rent, Name of Landlord _____

Employment & Income Information:

Provide the name of employer(s) and indicate if self or spouse

EMPLOYER'S NAME	CITY	SELF/SPOUSE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

NOT EMPLOYED (explain): TEMPORARY UNEMPLOYMENT ___ PERMANENT UNEMPLOYMENT ___ RETIRED ___
 OTHER (explain): _____
 SELF EMPLOYED: Yes ___ No ___ If yes, Trade Name and Address: _____

RENTAL INCOME: Yes ___ No ___ If yes, list all properties and date rental started on back or separate sheet.
 OTHER INCOME (explain): _____

Additional Information:

List all other residents in the household (OVER AGE 18)

NAME	AGE	SS #	EMPLOYER/CITY
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

I declare, the above information provided is true, correct and complete to the best of my knowledge.

SIGNATURE _____ DATE _____