



Department of Taxation  
2125 RICHARDS ROAD  
OTTAWA HILLS, OHIO 43606  
**REGISTRATION FORM**

Phone – 419-536-6502  
Fax– 419-535-3550  
WEB – www.ottawahills.org

**Section A – Taxpayer(s) Information**

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

- #1 - Check this box IF**, your total income is solely derived from interest, dividends, pensions, Social Security Benefits or permanent disability benefits.
- #2 - Check this box IF**, you have income from salaries, wages, commissions, business, or other compensation or any other earned income including rentals and partnerships.

Spouse's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

- #1 - Check this box IF**, your total income is solely derived from interest, dividends, pensions, Social Security Benefits or permanent disability benefits.
- #2 - Check this box IF**, you have income from salaries, wages, commissions, business, or other compensation or any other earned income including rentals and partnerships.

**Stop** - If both you and your spouse have checked Box #1 only, then go to Resident Information and Section D and complete the information in these sections, sign the form, and return it in the enclosed envelope. No further information is requested at this time.

If you and/or your spouse have checked Box #2, then continue on to Section B.

**Section B - Employment Information**

Are you presently employed? **YES**  **NO**   
**If NO**, complete the following:  
Last employer: \_\_\_\_\_  
Last date worked: \_\_\_\_\_

**If YES**, complete the following:  
Main employer: \_\_\_\_\_  
Address: \_\_\_\_\_

Local tax withheld? **YES**  **NO**   
**If YES**, list city: \_\_\_\_\_

Are you presently employed? **YES**  **NO**   
**If NO**, complete the following:  
Last employer: \_\_\_\_\_  
Last date worked: \_\_\_\_\_

**If YES**, complete the following:  
Main employer: \_\_\_\_\_  
Address: \_\_\_\_\_

Local tax withheld? **YES**  **NO**   
**If YES**, list city: \_\_\_\_\_

Please see other side for completion of registration.

**Section C - Miscellaneous Income**

1) Do you and/or your spouse receive income from any partnership and/or limited liability partnership/company? YES  NO

2) Do you own rental property? YES  NO

List addresses of all rentals:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Provide separate sheet if necessary.

3) Have you or your spouse been self-employed within the past six years? YES  NO

4) List sources of other earned income not listed. \_\_\_\_\_

**Resident Information**

1) Do you own the property you are residing in? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, list name and address of landlord \_\_\_\_\_

2) Date moved into Village \_\_\_\_\_ Date moved out \_\_\_\_\_

3) Previous address \_\_\_\_\_

4) Have you been employed within the past year of applicable time period (Since moved in)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list occupation \_\_\_\_\_

If no, list reason(s) (ie: retired, etc.) \_\_\_\_\_

**Section D - Additional Residents**

Please list the name(s) of anyone legally domiciled at this address:

Check the box below for each person if receiving interest and dividend income only.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Provide separate sheet if necessary.

**Signature:** I certify that the above information is true and accurate.

**Taxpayer:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_