CITY OF AMHERST, OHIO
INCOME TAX DEPARTMENT

480 Park Avenue Amherst, OH 44001-2258
Phone (440) 988-4212 Fax (440) 988-3749
Email: incometax@amherstohio.org

Mark S. Hullman
Treasurer

1. Name: _____ SS# _____

2. Spouse's Name: _____ SS# _____

3. Address: _____ Apt #. _____

4. Phone: ( ) _____ Date Moved Into Current Location: _____

5. Previous address if located in the city: _____

6. Do you own your place of residence in the city of Amherst? _____ Yes _____ No

   If renting, please give the name and address of owner _____

7. Email Address: _____

8. Give name, birth date and SS# of all other residing at this address:

Name	SS#	DOB	Name	SS#	DOB
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. If you or your spouse is not employed, please place a date in front of the statement that most accurately describes your status:

	Yourself	Spouse
Retired Since	_____	_____
Disabled Since	_____	_____

10. Do you or your spouse have income from self-employment? _____ Yes _____ No

    If yes, give the name and address of the business _____ Fed. ID# _____

    _____

11. Do you or your spouse own rental property? _____ Yes _____ No

By signing this form, I acknowledge that all statements are true to the best of my knowledge. I also acknowledge that I have received a copy of "Tax Information for Amherst City Residents."

_____
Signature Date

All information provided on this form is confidential and is used for city income tax purposes only.

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