



Village of Ottawa Hills

Department of Taxation

2125 RICHARDS ROAD
OTTAWA HILLS, OHIO 43606

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

REGISTRATION FORM

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 or your spouse receive Form K-1 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. _____

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 appropriate box below:

			No Income	Int/Div Only	Earned Income
Name: _____	Date of Birth: ____/____/____	SSN: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	Date of Birth: ____/____/____	SSN: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	Date of Birth: ____/____/____	SSN: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	Date of Birth: ____/____/____	SSN: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide separate sheet if necessary.

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

Taxpayer: _____ **Spouse:** _____ **Date:** _____