



Date Sent: _____

CITY OF WESTERVILLE MUNICIPAL INCOME TAX REGISTRATION FORM

City Ordinance 94-98 requires a registration with the Income Tax Division. All residents 18 years and older are also required to file an annual City of Westerville Tax Return regardless of any tax due to Westerville. The information requested on this form will be used to establish your tax record. (Persons age 17 years and under are not subject to Westerville Income Taxation). All tax information is confidential.

The current rate of tax in the City of Westerville is 2%. However, there is credit given for taxes paid or withheld to another city (ie: Columbus, Gahanna, Dublin) limited to 2%. Estimated payments will be required for individuals who anticipate a Westerville tax liability of \$200.00 or more. If we may assist you regarding your Income Tax, please don't hesitate to call us at (614) 901-6420. All forms and instructions are located on our website @ www.westerville.org under the tab called "Services" then "Income Tax Forms". Our address is P.O. Box 130 Westerville, OH 43086

PLEASE COMPLETE THE FOLLOWING INFORMATION & RETURN THIS FORM WITHIN 20 DAYS FROM THE ABOVE DATE. Please print

First Name: _____ Middle Initial: _____ Last Name: _____ M/F: _____ DOB: _____ SS#: _____

Spouse:

First Name: _____ Middle Initial: _____ Last Name: _____ M/F: _____ DOB: _____ SS#: _____

Primary Email Address: _____ Primary Phone #: _____ (Home or Cell)

Westerville Address: _____ Own/Rent: _____ Date moved into Westerville: _____

Your previous address: _____

If Rent – name and address of Landlord:

Do you own property that you rent to others? YES/NO If so, address(s) of Rental(s): _____

Are you retired: YES/NO IF YES, Please check type of non-taxable income: Social Security Pension
 Interest/Dividends Worker's Compensation Unemployment Active Military Earnings while under 18

Are you currently a student with a residence somewhere else? _____ If yes, please give permanent address: _____

List all other individuals that reside at present Westerville address that are 18 years or older:

1).First Name: _____ Middle Initial: _____ Last Name: _____ M/F: _____ DOB: _____
SS#: _____ Primary Email Address: _____ Phone #: _____ (Home or Cell)

2).First Name: _____ Middle Initial: _____ Last Name: _____ M/F: _____ DOB: _____
SS#: _____ Primary Email Address: _____ Phone #: _____ (Home or Cell)

3).First Name: _____ Middle Initial: _____ Last Name: _____ M/F: _____ DOB: _____
SS#: _____ Primary Email Address: _____ Phone #: _____ (Home or Cell)

4).First Name: _____ Middle Initial: _____ Last Name: _____ M/F: _____ DOB: _____
SS#: _____ Primary Email Address: _____ Phone #: _____ (Home or Cell)