

Pandora Income Tax Department
P.O. Box 193
Pandora, OH 45877-0193
Phone: 419-384-3112

VILLAGE OF PANDORA, OHIO

NEW RESIDENT QUESTIONNAIRE

The information requested hereon is essential to the completion of our records. The request is authorized by Village Ordinance. All information will be held in strict confidence.

Date you moved into the Village of Pandora, OH (or started having rental/business activity): _____

Taxpayer Information:

Please provide the following information for the taxpayer:

Taxpayer Soc. Sec. No. _____
Taxpayer Name... _____
Address Line-1..... _____
Address Line-2..... _____
City, St, Zip Code.. _____
Phone No..... _____

If employed:
Please provide the name & address of the taxpayer's employer:

Employer Name... _____
Address Line-1..... _____
Address Line-2..... _____
City, St, Zip Code.. _____

Spouse Information:

If married, please provide the following information for the spouse:

Spouse Soc. Sec. No. _____
Spouse Name..... _____

If employed:
Please provide the name & address of the spouse's employer:

Employer Name... _____
Address Line-1..... _____
Address Line-2..... _____
City, St, Zip Code.. _____

Your account will be set up as a joint account unless you specify otherwise below. The Village of Pandora does **not** require you to file in the same method used on your federal and state returns. Filing joint is recommended, as there are no credits/benefits that apply to your filing method on the local level. This will also keep both spouses recorded under one municipal tax account number.

If you prefer to file separate Village of Pandora, Ohio tax returns, please check here:

Household Member Information:

Please indicate the number of all other members of your household who are 18 years of age or older as of December 31st of the taxable year.....

Please provide the following information for each household member counted above:

NOTE: If more space is needed, please use page 3.

Member-1 Soc. Sec. No. _____
Member-1 Name..... _____

If employed:
Please provide the name & address of the employer of member-1:

Employer Name... _____
Address Line-1..... _____
Address Line-2..... _____
City, St, Zip Code.. _____

Member-2 Soc. Sec. No. _____
Member-2 Name..... _____

If employed:
Please provide the name & address of the employer of member-2:

Employer Name... _____
Address Line-1..... _____
Address Line-2..... _____
City, St, Zip Code.. _____

Member-3 Soc. Sec. No. _____
Member-3 Name..... _____

If employed:
Please provide the name & address of the employer of member-3:

Employer Name... _____
Address Line-1..... _____
Address Line-2..... _____
City, St, Zip Code.. _____

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Rental Information:

Does anyone in your household have rental income? Yes No

If yes, please provide the owner's name and the address of each rental property and, if the property is located in Pandora, OH, please provide the current tenant of each rental property: NOTE: If more space is needed, please use page 3.

Property-1
Owner Name.....

Property-1
Address Line-1.....

Property-1
Address Line-2.....

Property-1
City, St, ZipCode..

Property-1
Current Tenant.....

Property-2
Owner Name.....

Property-2
Address Line-1.....

Property-2
Address Line-2.....

Property-2
City, St, ZipCode..

Property-2
Current Tenant.....

Property-3
Owner Name.....

Property-3
Address Line-1.....

Property-3
Address Line-2.....

Property-3
City, St, ZipCode..

Property-3
Current Tenant.....

Other Income Information:

Does anyone in your household have any other income? (i.e. Sch. C, Partnership/LLC, S. Corp., 1099) Yes No

If yes, please provide the member's name and each source of Income:

NOTE: If more space is needed, please use page 3.

Member's Name... _____

Source of Income.. _____

Will file income under (check one): Company Return Personal Return

Member's Name... _____

Source of Income.. _____

Will file income under (check one): Company Return Personal Return

Member's Name... _____

Source of Income.. _____

Will file income under (check one): Company Return Personal Return

Final Information:

Has additional information been entered on page 3 of this form? Yes No

I hereby certify that the information and statements contained herein are true and correct.

Taxpayer Signature: _____ Date: _____

If married:
Spouse Signature: _____ Date: _____

Submit this form along with any additional pages to:
NOTE: Submitting of page 3 of this form is not necessary if it has not been used.

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