

**FORM A - INDIVIDUAL**  
**PH 419 678-2685**  
**HRS 8 AM - 5 PM**  
**MONDAY THRU FRIDAY**

**VILLAGE OF COLDWATER**  
**INCOME TAX DEPARTMENT**  
**610 W SYCAMORE STREET**  
**COLDWATER, OH 45828-1662**

**Return this form by**

Date \_\_\_\_\_

1. a. Your Full Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Social Security # \_\_\_\_\_ and Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current Address \_\_\_\_\_ PO Box \_\_\_\_\_  
Date moved into Coldwater \_\_\_\_\_  
Former Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Are you employed? \_\_\_\_ Yes \_\_\_\_ No--If no, give reason \_\_\_\_ Retired \_\_\_\_ Laid Off \_\_\_\_ Other, explain \_\_\_\_\_

What is your employment or occupation? \_\_\_\_\_  
(Example: Salesperson, Teacher, Laborer, Nurse, Truck Driver, etc.)

Employer's Name and Address \_\_\_\_\_  
Dates of Employment \_\_\_\_\_

Does your employer withhold City Income Tax? \_\_\_\_ Yes \_\_\_\_ No If yes, indicate City \_\_\_\_\_  
If other than Coldwater Tax is withheld by your employer, attach pay stubs or W-2s.

b. Spouse's Name \_\_\_\_\_  
Spouse's Social Security # \_\_\_\_\_ and Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you employed? \_\_\_\_ Yes \_\_\_\_ No--If no, give reason \_\_\_\_ Retired \_\_\_\_ Laid Off \_\_\_\_ Other, explain \_\_\_\_\_

What is your employment or occupation? \_\_\_\_\_  
(Example: Salesperson, Teacher, Laborer, Nurse, Truck Driver, etc.)

Spouse's Employer Name and Address \_\_\_\_\_  
Dates of Employment \_\_\_\_\_

Does your employer withhold City Income Tax? \_\_\_\_ Yes \_\_\_\_ No If yes, indicate City \_\_\_\_\_  
If other than Coldwater Tax is withheld by your employer, attach pay stubs or W-2s.

c. Does any other **employed** person (children, relatives or friends) reside at your address? \_\_\_\_ Yes \_\_\_\_ No  
If yes, give their name(s), social security number(s) and employer(s): (If additional space is needed, use the back side)

Name _____	S.S.# _____	Employer _____
Name _____	S.S.# _____	Employer _____

2. If you currently rent your home, to whom is rent paid?  
Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_

3. Do you have rental properties, trust or farm income? \_\_\_\_ Yes \_\_\_\_ No  
If you have trust income, what is the nature and gross annual income realized?

If you have rentals or farm income, complete the following:  
Address \_\_\_\_\_ Gross annual income \_\_\_\_\_ Date acquired \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

4. Do you (or your spouse) receive Director's Fees or any other taxable income that is not listed above?  
\_\_\_\_ Yes \_\_\_\_ No If yes, indicate the source and approximate annual amount received.  
Source \_\_\_\_\_ Income \_\_\_\_\_  
(If additional space is needed, use the back side)

5. **Signature** \_\_\_\_\_ **Does Hereby State Information is True and Correct**

**Any "Person" failing to file this questionnaire or knowingly giving false information on this questionnaire is subject to a fine of not more than one thousand dollars (\$1,000.00) or imprisoned for not more than six (6) months, or both.**