

**CITY OF DEFIANCE, OHIO - INCOME TAX DEPARTMENT  
REGISTRATION/UPDATE FORM**

**SECTION A - TAXPAYER INFORMATION:**

**TAXPAYER (PRIMARY)**

**SPOUSE**

Name (Last, First, Initial)

Name (Last, First, Initial)

Residence Address

Residence Address (If Different From Primary)

Mailing Address (If Different from Residence Address)

Mailing Address (If Different from Primary)

City, State, Zip:

City, State, Zip:

Phone #

Phone #

Date of Birth (MM/DD/YY): Social Security Number:

/ /

- -

Date of Birth (MM/DD/YY): Social Security Number:

/ /

- -

Date of Defiance City Residency (MM/DD/YYYY)

/ /

Date of Defiance City Residency (MM/DD/YYYY)

/ /

Primary:

#1 Check This Box IF, your TOTAL INCOME is solely derived from Interest Earnings, Pensions, Social Security Benefits or Total Disability Benefits.  
**CONTINUE ON TO SECTION D**

#2 Check This Box IF, you have INCOME from Salaries, Wages, Commissions, Business, Other Compensation or any Other Earned Income.  
**CONTINUE ON TO SECTION B**

Spouse:

#1 Check This Box IF, your TOTAL INCOME is solely derived from Interest Earnings, Pensions, Social Security Benefits or Total Disability Benefits.  
**CONTINUE ON TO SECTION D**

#2 Check This Box IF, you have INCOME from Salaries, Wages, Commissions, Business, Other Compensation or any Other Earned Income.  
**CONTINUE ON TO SECTION B**

**SECTION B - EMPLOYMENT INFORMATION:**

**TAXPAYER (PRIMARY)**

**SPOUSE**

Are you presently Employed? Yes  No

If NO, complete the following:

Last Employer:

Are you presently Employed? Yes  No

If NO, complete the following:

Last Employer:

Dates Worked:

Start Date: End Date:

Dates Worked:

Start Date: End Date:

If YES, complete the following:

Main Employer:

If YES, complete the following:

Main Employer:

Address:

Address:

Date of Hire:

Date of Hire:

Local Tax Withheld? Yes  No

Local Tax Withheld? Yes  No

If YES, List City:

If YES, List City:

**(SECTION B - Continued on Back)**

(SECTION B - Continued, City of Defiance Registration/Update Form)

**ADDITIONAL EMPLOYER INFORMATION - List All Additional Employers**

<u>TAXPAYER (PRIMARY)</u>	<u>SPOUSE</u>
Employer #2:	Employer #2:
Address:	Address:
Date of Hire:	Date of Hire:
Local Tax Withheld?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Local Tax Withheld?    Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, List City:	If YES, List City:
Provide Separate Sheet if Necessary	Provide Separate Sheet if Necessary

**SECTION C - MISCELLANEOUS INCOME:**

<u>TAXPAYER (PRIMARY)</u>	<u>SPOUSE</u>
Do you have Farm Income?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have Farm Income?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Rental Income?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have Rental Income?    Yes <input type="checkbox"/> No <input type="checkbox"/>
List Addresses of All Rentals:	List Addresses of All Rentals:
1	1
2	2
3	3
4	4
5	5
Provide Separate Sheet if Necessary	Provide Separate Sheet if Necessary

<u>List Source of any Other Earned Income not listed:</u>	<u>List Source of any Other Earned Income not listed:</u>
1	1
2	2
3	3

**SECTION D - ADDITIONAL RESIDENTS:**

Please list the Name(s) for anyone living at this address who is Eighteen (18) Years or Older.

Name (Last, First, Initial):	Date of Birth (MM/DD/YYYY) / /	Social Security Number: - -
Name (Last, First, Initial):	Date of Birth (MM/DD/YYYY) / /	Social Security Number: - -
Name (Last, First, Initial):	Date of Birth (MM/DD/YYYY) / /	Social Security Number: - -

Provide Separate Sheet if Necessary

X \_\_\_\_\_ DATE / /

**TAXPAYER SIGNATURE**

X \_\_\_\_\_ DATE / /

**SPOUSE SIGNATURE**

**WARNING:** Under Ordinance No. 6526, failure to complete and return this form is a misdemeanor in the first degree with possible punishment by law of up to six (6) months in jail and/or a \$1,000 fine.