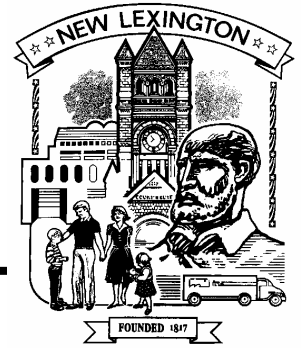


# Village of New Lexington

**Income Tax Bureau**  
215 South Main Street  
New Lexington, Ohio 43764  
Phone: (740) 342-4660 FAX: (740) 342-0405



## New Taxpayer Registration

For the purpose of our records, with regard to the New Lexington Income Tax, please complete and return this registration promptly to the address shown above. All information provided is strictly confidential and will be used for income tax purposes only. YOU ARE REQUIRED UNDER NEW LEXINGTON CODIFIED ORDINANCE 181 TO PROVIDE THIS INFORMATION TO OUR OFFICE. FAILURE TO DO SO MAY RESULT IN A COURT SUMMONS.

PLEASE PRINT OR TYPE ALL ANSWERS AND ANSWER ALL QUESTIONS COMPLETELY.

Name: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Check here if you are not married

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Spouse Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Date you moved INTO New Lexington: (FILL IN AT LEAST THE MONTH & YEAR) \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you employed?  Yes  No Is your spouse employed?  Yes  No

If you, or your spouse, are employed state your employers below (use back of page if necessary):

Employer	City/State	Date Started	You or Spouse
_____	_____	_____	_____
_____	_____	_____	_____

Check **ALL** boxes that apply if you received income from the following:

Retirement Benefits  Social Security  Permanent Disability

Are you or your spouse self-employed or do you own a business?  Yes  No

When did you or your spouse begin operating your business? \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, do you have employees?  Yes  No

Do you have rental income?  Yes  No If yes, state the monthly gross receipts: \$ \_\_\_\_\_

Location of rental property/properties (use back of page if needed):  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other income not covered above?  Yes  No

If yes, please explain: \_\_\_\_\_

If any other people over the age of 18 reside at this address, list their name(s) and place of employment:

\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that the above information is true and correct to the best of my knowledge and belief:*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_