

Village of New Lexington Income Tax
215 South Main Street
New Lexington, OH 43764
Phone (740) 342-4660 Fax (740) 342-0405
tax@newlexingtonohio.gov

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:

E-mail address: _____
I hereby certify that the above information is true and correct to the best of my knowledge and belief:

Signature: _____ Date: ____/____/____ Contact Phone #: (____) ____-____