



## City of Brunswick, Ohio Individual Registration

Please complete the following questionnaire. This information is needed to establish accurate and updated records for the Income Tax Department.

Date moved in: \_\_\_\_\_ Address: \_\_\_\_\_  
Own \_\_\_ Rent \_\_\_ Landlord's name & address (if renting): \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Date hired: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Date hired: \_\_\_\_\_

Are you, or your spouse, self-employed: Yes \_\_\_ No \_\_\_

Report all other sources of income and location (Ex: Partnerships, S-Corporation, Rental property, Gambling winnings, etc.):  
\_\_\_\_\_

Are you, or your spouse, retired: Yes \_\_\_ No \_\_\_ Date of retirement: \_\_\_\_\_

Person(s) in your household eighteen (18) years of age or older, including person(s) who will turn 18 during the calendar year:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse Signature: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please return this form to: City of Brunswick Income Tax Department  
P.O. Box 0816  
Brunswick, OH 44212

Thank you for your cooperation