

**VILLAGE OF CONVOY**  
**INCOME TAX DIVISION**

P.O. Box 310  
Phone: (419)749-2266

123 South Main Street  
INDIVIDUAL QUESTIONNAIRE

Convoy, Ohio 45832  
Fax: (419)749-4091

The following information will aid us in preparing forms for your use in complying with the Convoy Income Tax Ordinance. Kindly answer all questions fully and return Questionnaire promptly to the Income Tax Office.

Mr. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Miss \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Are you employed?  YES  NO If NO, have you been employed in the year? (List on reverse side)

NAME OF EMPLOYER or EMPLOYERS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If permanently unemployed, mark "X" in front of the following reason, or reasons why.

- |  |   |
|--|---|
| <input type="checkbox"/> RETIRED ON PENSION                        | <input type="checkbox"/> UNEMPLOYABLE BECAUSE OF AGE          |
| <input type="checkbox"/> RETIRED ON SOCIAL SECURITY                | <input type="checkbox"/> UNEMPLOYABLE BECAUSE OF HEALTH       |
| <input type="checkbox"/> UNEMPLOYED HOUSEWIFE                      | <input type="checkbox"/> IN U.S. ARMED SERVICE                |
| <input type="checkbox"/> STUDENT <input type="checkbox"/> UNDER 16 | <input type="checkbox"/> OTHER REASONS (please specify below) |

Name of spouse \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

If employed, state where. \_\_\_\_\_

Do you have gross rental income exceeding \$100.00 per month?  YES  NO

Do you have farm income?  YES  NO

OWN YOUR HOME.  
 RENT YOUR HOME. CONVOY RESIDENCE: \_\_\_\_\_  
(Name and Address of Landlord)

Date you became a resident of Convoy: \_\_\_\_\_

Date you began present employment: \_\_\_\_\_

Do you employ anyone over 16 years of age from whom CONVOY INCOME TAX is NOT withheld?  YES  NO  
If YES, indicate and give name and address of person(s) employed.

List any other member of your CONVOY HOUSEHOLD, over 16 years of age. (Children, relatives, or friends)

NAME	NAME OF EMPLOYER	ADDRESS OF EMPLOYER
_____	_____	_____
_____	_____	_____
_____	_____	_____

