



CITY OF MASON INDIVIDUAL INCOME TAX QUESTIONNAIRE

Please assist us in completing your account information. All information is required by Ordinance #50-1970. Information provided to the Mason Tax Office is kept confidential. If you have questions regarding the completion of this form, please contact our office.

Full Name _____ Social Security Number _____ - _____ - _____
Last First Middle

Spouse's Name _____ Social Security Number _____ - _____ - _____
Last (if different) First Middle

Address _____
Street City State Zip Code

Telephone _____
Home Cell e-mail

Married Single Full-Time Student Part-Time Student Retired _____ date retired

For Spouse: Full-Time Student Part-Time Student Retired _____ date retired

Date moved into Mason _____ Own Rent

Landlord (if renting) _____
Name Address City State Zip Code

Employer _____
Name Address City State Zip Code

Mason tax withheld Other city's tax withheld _____

Spouse's Employer _____
Name Address City State Zip Code

Mason tax withheld Other city's tax withheld _____

Business Income Schedule C Partnership Rental Income S Corporation

Other members of your household with earned income:

Name Social Security Number Employer or Type of Income

Name Social Security Number Employer or Type of Income

Name Social Security Number Employer or Type of Income

Name Social Security Number Employer or Type of Income