

## 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.

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Married     Single     Full-Time Student     Part-Time Student     Retired, date retired: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last (if different) First Middle

Full-Time Student     Part-Time Student     Retired, date retired: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

CONTACT: \_\_\_\_\_  
Home Phone Cell Phone E-mail

DATE MOVED INTO MASON: \_\_\_\_\_  Own     Rent

LANDLORD (if renting): \_\_\_\_\_  
Name Street City State Zip Code

EMPLOYER: \_\_\_\_\_  
Name Street City State Zip Code

Mason tax withheld     Other city's tax withheld \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_  
Name Street 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

Please Return within 15 days to the Mason Tax Office at the address at the top of the page. Thank you for your cooperation.