

**CITY OF BROOK PARK INDIVIDUAL QUESTIONNAIRE**

1. NAME \_\_\_\_\_  
FIRST, MIDDLE, LAST
2. SPOUSE'S FIRST NAME AND MIDDLE INITIAL \_\_\_\_\_
3. YOUR BIRTHDATE \_\_\_\_\_ SPOUSE'S BIRTHDATE \_\_\_\_\_
4. ADDRESS \_\_\_\_\_
5. NUMBER OF YEARS AT THIS ADDRESS \_\_\_\_\_ IF APPLICABLE DATE RETIRED \_\_\_\_\_
6. YOUR SS# \_\_\_\_\_ SPOUSE'S SS# \_\_\_\_\_
7. TELEPHONE NO. \_\_\_\_\_ MOVE IN OR MOVE OUT DATE \_\_\_\_\_
8. IF YOU HAVE FILED A BROOK PARK TAX RETURN BEFORE, UNDER WHAT  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
ACCOUNT NO. (IF KNOWN) \_\_\_\_\_
9. NAME & ADDRESS OF PRESENT EMPLOYER \_\_\_\_\_  
SPOUSE'S EMPLOYER \_\_\_\_\_  
DO PRESENT EMPLOYERS WITHHOLD CITY INCOME TAX? \_\_\_\_\_ YES \_\_\_\_\_ NO
10. DO YOU OR YOUR SPOUSE HAVE INCOME FROM SELF-EMPLOYMENT OR RENTAL  
PROPERTY \_\_\_\_\_ YES \_\_\_\_\_ NO  
IS YOUR RENTAL INCOME IN EXCESS OF \$125.00 PER MONTH \_\_\_\_\_ YES \_\_\_\_\_ NO
- 10A. NAME OF BROOK PARK TENANTS: \_\_\_\_\_
11. DO YOU RENT YOUR PLACE OF RESIDENCE? \_\_\_\_\_ IF YES INDICATE AN ADDRESS OF  
THE OWNER OF YOUR RENTAL PROPERTY \_\_\_\_\_
12. DOES ANY OTHER EMPLOYED PERSON RESIDE AT YOUR ADDRESS \_\_\_\_\_ IF YES  
LIST PERSON/S NAME, SS#, AGE AND PLACE OF EMPLOYMENT \_\_\_\_\_  
\_\_\_\_\_
13. ADDITIONAL HOUSEHOLD MEMBERS  

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>SS#</u>	<u>DATE OF BIRTH</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ALL INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL AND USED FOR CITY INCOME TAX PURPOSES ONLY.

PLEASE SIGN AND DATE THIS DOCUMENT: City of Brook Park Fax (216) 433-0822  
SUBMIT VIA REGULAR MAIL, FAX, Tax Dept.  
OR THE GREEN DEPOSITORY BOX 6161 Engle Rd  
OUTSIDE CITY HALL Brook Park, OH 44142

**FAILURE TO RETURN A COMPLETED FORM WILL SUBJECT YOU TO A MINIMUM \$25 PENALTY. (CHAPTER 1705.03 DUTY TO REGISTER)**