



City of Brook Park – Tax Department

6161 Engle Rd
Brook Park, OH 44142
(216) 433-1533

TaxDepartment@CityofBrookPark.com



Individual Registration Form

Primary Account

Spouse's Account

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Residence Address Information:

Street No. Street Name. / Suite # PO BOX \_\_\_\_\_

Date you moved into this address: \_\_\_\_\_

Do you rent or own this home? Own \_\_\_\_ Rent \_\_\_\_

If Renting please give the Landlord's name \_\_\_\_\_

Previous Address: \_\_\_\_\_

Employment Information:

Are you employed? Yes \_\_\_\_ No \_\_\_\_

Is your spouse employed? Yes \_\_\_\_ No \_\_\_\_

Are you retired and or have no taxable income? Yes \_\_\_\_ No \_\_\_\_ Date retired: \_\_\_\_\_

Is your spouse retired and/or have no taxable income? Yes \_\_\_\_ No \_\_\_\_ Date retired: \_\_\_\_\_

Do you have income reported on Federal Schedules C, E or F? Yes \_\_\_\_ No \_\_\_\_

Does your spouse have income reported on Federal Schedules C, E or F? Yes \_\_\_\_ No \_\_\_\_

Do you and/or your spouse own rental property? Yes \_\_\_\_ No \_\_\_\_

Please list tenant's name, address and date you began renting property. If you have multiple properties please supply additional information on back or a separate sheet of paper.

\_\_\_\_\_  
Date: \_\_\_\_\_

