

**CITY OF WAPAKONETA  
INCOME TAX DEPARTMENT  
701 PARLETTE COURT  
P O BOX 269  
WAPAKONETA, OHIO 45895  
(419) 738-7342 Phone  
(419) 738-4762 Fax**

**INDIVIDUAL QUESTIONNAIRE**

Please complete this questionnaire and return it to the Income Tax Department. Information provided will be used exclusively for income tax purposes and will not be further disclosed.

Name \_\_\_\_\_ SS# \_\_\_\_\_

Spouse \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date you became a resident or property owner \_\_\_\_\_

List anyone else who is employed and living in the household

Name \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Name of your employer \_\_\_\_\_

Spouse's employer \_\_\_\_\_

Is your total income derived from salaries and wages:  Yes  No

If no, please list other sources of income: \_\_\_\_\_

If you are not presently employed, place an "X" after the listing below which most accurately describes your status.

Retired Dated retired \_\_\_\_\_

Unemployed

Military Date entered \_\_\_\_\_

Government assistance

Other Specify \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_