

CITY OF CAMBRIDGE

INDIVIDUAL REGISTRATION FORM

Income Tax Department 1131 Steubenville Avenue Cambridge, Ohio 43725 Phone (740)-439-2355 Fax (740) 435-0496

Dear Resident:

As a resident of the City of Cambridge, you deserve to have Income taxes administered fairly and uniformly. In an effort to properly maintain our records in accordance with Cambridge City Ordinance, mandatory registration has been enacted for all residents of the City of Cambridge.

If you are a new resident, welcome to the City of Cambridge. The City provides a wide variety of services. Information on services may be obtained by calling (740)-439-1240 or by visiting our web site at: www.cambridgeoh.org.

City Ordinance 95 requires **all** residents to register with the Income Tax Department **and** to file a City tax each year regardless of any tax due to Cambridge. Your tax return will be mailed to you by January 31, and is required to be filed by April 15th. **ALL INFORMATION IS CONFIDENTIAL.**

Please complete the following form and return within 10 days.

Sincerely,

The City of Cambridge
Income Tax Department

CITY OF CAMBRIDGE INCOME TAX DEPARTMENT
1131 STEUBENVILLE AVENUE, CAMBRIDGE OH 43725
Phone (740)-439-2355 Fax (740)-435-0496

INDIVIDUAL REGISTRATION FORM

City Ordinance Chapter 95 requires all residents of the City of Cambridge to register with the Income Tax Department **and** to file a City tax return each year, regardless of any tax due to Cambridge. Your tax return will be mailed to you by January 31st of each year and is due by April 15th. **ALL AREAS BELOW MUST BE COMPLETED AND ALL INFORMATION IS CONFIDENTIAL. PLEASE COMPLETE AND RETURN WITHIN 10 DAYS**

ACCOUNT NUMBER _____

1. **NAME** _____ **Date of Birth** - _____

2. **SPOUSE'S NAME** (if not shown) _____ **Date of Birth**- _____

3. **SOCIAL SECURITY NO (S)**. _____

4. **CURRENT RESIDENTIAL ADDRESS** _____ **DATE MOVED IN** - _____

5. **PREVIOUS ADDRESS** _____ **DATE MOVED IN** - _____
(If less than two (2) years at current address)

6. **TELEPHONE NUMBER** _____

7. **LIST THE NAMES AND SOCIAL SECURITY NUMBERS OF ALL PERSONS AGE 16 OR OVER THAT RESIDE AT THIS ADDRESS, AND WHERE THEY ARE EMPLOYED. PLEASE USE THE BACK OF THIS FORM.**

8. **If you are retired or your sole source of income is one listed below, please check here** _____

Non-Taxable income – Social Security, Pension/Retirement, Interest, Dividends, Permanent Workers Compensation, Active Military Pay, or under 16 years of age. (Please circle which type applies)

9. **If you are employed, please list where you are employed and the date started**

Name - _____ Employer - _____

Name - _____ Employer - _____

10. **Do you own any property you rent to others?** Y N **Please list addresses on back of this form and the date acquired**

11. **Do you rent your current residence?** Yes _____ No _____ **if yes, list landlords name and address on back.**

I ATTEST THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED: _____ DATE: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____