



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

**CITY OF WESTERVILLE MUNICIPAL INCOME TAX REGISTRATION FORM**

City Ordinance 94-98 requires a registration with the Income Tax Division. All residents 18 years and older are also required to file an annual City of Westerville Tax Return regardless of any tax due to Westerville. The information requested on this form will be used to establish your tax record. (Persons age 17 years and under are not subject to Westerville Income Taxation). All tax information is confidential.

The current rate of tax in the City of Westerville is 2%. However, there is credit given for taxes paid or withheld to another city (ie: Columbus, Gahanna, Dublin) limited to 2%. Estimated payments will be required for individuals who anticipate a Westerville tax liability of \$200.00 or more. If we may assist you regarding your Income Tax, please don't hesitate to call us at (614) 901-6420. All forms and instructions are located on our website @ [www.westerville.org](http://www.westerville.org) under the tab called "Services" then "Income Tax Forms". Our address is P.O. Box 130 Westerville, OH 43086

**PLEASE COMPLETE THE FOLLOWING INFORMATION & RETURN THIS FORM WITHIN 14 DAYS FROM THE ABOVE DATE.** Please print

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Spouse:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ (Home or Cell)

Westerville Address: \_\_\_\_\_ Own/Rent: \_\_\_\_\_ Date moved into Westerville: \_\_\_\_\_

Your previous address: \_\_\_\_\_

If Rent – name and address of Landlord:

Do you own property that you rent to others? YES/NO If so, address(s) of Rental(s): \_\_\_\_\_

Are you retired: YES/NO IF YES, Please check type of non-taxable income:  Social Security  Pension  
 Interest/Dividends  Worker's Compensation  Unemployment  Active Military  Earnings while under 18

Are you currently a student with a residence somewhere else? \_\_\_\_\_ If yes, please give permanent address: \_\_\_\_\_

**List all other individuals that reside at present Westerville address that are 18 years or older:**

1).First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ (Home or Cell)

2).First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ (Home or Cell)

3).First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ (Home or Cell)

4).First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_  
SS#: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ (Home or Cell)