ACCOUNT #_____
DATE ~~OPENED~~ _____

Village of Archbold Ohio

INCOME TAX DEPARTMENT
INDIVIDUAL REGISTRATION FORM

Primary Resident Name_____ Soc. Sec. #_____

New Address_____Phone#_____

Previous Address_____

*Employer name and address*_____

City of Tax withheld _____

Other employer name and address_____City of Tax withheld_____

Farm or Rental Income? ☐ yes ☐ no Self Employment income? ☐ Yes ☐ No

EXEMPTION CLAIMED: ☐ ***My total income is solely from Pensions, Social Security or Disability Benefits, Interest/Div.***

Move-in Date_____ Own ☐ Rent ☐ Name of Landlord_____

Signature_____ Date _____

Spouse Name_____Soc. Sec. # _____ Phone #_____

*Employer and address*_____City of Tax withheld_____

Other employer name/address_____City of Tax withheld_____

Self-Employment income? ☐ Yes ☐ No

EXEMPTION CLAIMED: ☐ ***My total income is solely from Pensions, Social Security or Disability Benefits, or Interest/Div.***

Signature_____ Date _____

ADDITIONAL RESIDENTS, 18 YEARS AND OLDER

NAME_____Phone_____
NAME_____Phone _____
NAME_____Phone _____

***if additional room is needed, please use the back of this form**