

CHILICOTHE CITY INCOME TAX REGISTRATION – INDIVIDUAL RESIDENT

Chillicothe City Income Tax Department
35 S. Paint Street, P.O. Box 457
Chillicothe, Ohio 45601-0457
Hours: 7:30 am – 4:30 pm Mon – Fri (740)773-1161

Effective 01/01/03 Ordinance No. 121-02 requires ever Chillicothe resident (an individual having a principle place of residence or domicile within the Chillicothe corporation limits) who is 16 years or older to register and file an annual city tax return. Please answer every question in Section 1. Once your registration has been completed and returned, you will be placed on the mailing list to receive annual forms if necessary. Please return this completed form in the enclosed envelope.

Section 1

Account# _____

1. Full Name _____ Social Security #: _____
Spouse's Name _____ Spouse's SS#: _____
Street Address (no P.O. Box) _____
City, State, Zip _____
Date Moved to Current Address (mo/day/year) : _____
Home Phone# _____

Taxpayers Spouse
Yes No Yes No

- a. Do you have wages, salaries, or commissions subject to Chillicothe income tax? _____
- b. Do you have rental income subject to Chillicothe tax? _____
- c. Do you have business income subject to Chillicothe tax? _____
- d. Do you have farm income subject to Chillicothe tax? _____
- e. Do you have partnership income subject to Chillicothe tax? _____
- f. Are you fully retired? _____

I understand that if I am fully retired and receive no other Income taxable by city of Chillicothe I am exempt at this time from filing a city income tax return. I understand that if my situation should change, I am not relieved of any obligation to file and pay such tax returns with the city. I further understand it is my obligation to notify the tax office of my change in income, and could be subject to penalties and interest if they are not notified.

Signature

Date

***If you have answered "yes" to any questions in (a) thru (e), you must complete the remainder of this registration Below (Starting with Question "2").**

2. Current employer (if self – employed, complete Section 2): _____
_____ Date Started M/D/Y _____

Does your employer withhold your city tax in full? _____

3. Do you own (now or in the past 6 years) real estate property rented to others?
Yes _____ No _____ If yes, complete the following:

Address of Property(s)	Date Acquired	Date Sold	Names of New Owner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Note:** Landlords must provide a quarterly listing of tenants each year, to include name, address, and dates of residency per City Ordinance No. 121-02, Section 5C.

Section 2:

Completion necessary if you are involved in a self-employment activity, a partnership, or otherwise involved in an activity earning income which is not subject to withholding of taxes (Example: 1099-Misc. Income, sub-contract laborer, home child-car provider, ect.)

Does this section apply to you? Yes _____ No _____

1. Trade Name of business/activity _____

Address	City, State, Zip	Phone#
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2. Date activity began _____ FID# _____

3. Do you have employees? _____

4. Do you pay anyone on a contract basis? _____

**If yes, you are required to provide their names, addresses and Social Security #'s
Copies of W-2's and 1099's must be submitted to the tax office by January 31st of each
year.**

PLEASE NOTE:

***A registration form must be filled out by every individual 16 years or older living at each address with the city limits. If more copies are needed, please contact the Income Tax Office at 773-1161.**

Thank you for your cooperation in completing and returning this form by the date requested.