

City of North College Hill Income Tax Department  
1500 W. Galbraith Rd North College Hill, OH 45231  
(513) 931-1159 ext 2 Fax (513) 521-1596

**New Resident Questionnaire**

Resident's Name \_\_\_\_\_ SS# \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ SS# \_\_\_\_\_  
NCH Address \_\_\_\_\_  
Date moved into North College Hill \_\_\_\_\_ Telephone# \_\_\_\_\_

Do you own? \_\_\_\_\_ Do you rent? \_\_\_\_\_ If you rent, please give name of landlord.

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**Employment Information: Current pay stub is required to calculate estimated tax.**

Resident's employer \_\_\_\_\_ work# \_\_\_\_\_  
Address of employer \_\_\_\_\_

Spouse's employer \_\_\_\_\_ work# \_\_\_\_\_  
Address of employer \_\_\_\_\_

**Self Employment** (complete only if you or your spouse is self employed)

Owner \_\_\_\_\_ Partner \_\_\_\_\_ Other \_\_\_\_\_  
Type of Business \_\_\_\_\_ phone# \_\_\_\_\_  
Address of Business \_\_\_\_\_

**Rental Property**

Do you or your spouse own rental property? \_\_\_\_\_ If yes, please give address.

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**Other Household Members**

Please list names and social security numbers of other members of your household **who have earned income.**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_