

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.

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.

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 _____