

VILLAGE OF BYESVILLE

Income Tax Department
221 East Main Street
Byesville, Ohio 43723
Phone (740)-685-0800 Ext. 4
Fax (740) 685-8633

Dear Resident:

As a resident of the Village of Byesville, you deserve to have Income taxes administered fairly and uniformly. In an effort to properly maintain our records in accordance with the Village of Byesville Ordinance, mandatory registration has been enacted for all residents of the Village of Byesville.

If you are a new resident, welcome to the Village of Byesville. The Village provides a wide variety of services. Information on services may be obtained by calling 740/685-0800.

Village Ordinance 185 requires all residents to register with the Income Tax Department and to file a Village tax return each year regardless of any tax due to Byesville. Your tax return will be mailed to you by January 31, and is required to be filed by April 15th. ALL INFORMATION IS CONFIDENTIAL.

Please complete the following form and return within 10 days.

Sincerely,

The Village of Byesville
Income Tax Department

VILLAGE OF BYESVILLE Income Tax Department 221 East Main Street, Byesville, Ohio 43723
Phone (740)-685-0800 Ext. 4 Fax (740) 685-8633

INDIVIDUAL REGISTRATION FORM

Village Ordinance requires all residents (18 years of age and over) to register with the Income Tax Department and to file a Village tax return each year, regardless of any tax due to Byesville. Your tax return will be mailed to you by January 31st of each year and is due by April 15th.

ALL AREAS BELOW MUST BE COMPLETED AND ALL INFORMATION IS CONFIDENTIAL.

PLEASE COMPLETE AND RETURN WITHIN 10 DAYS

Name _____ Date of Birth _____

Social Security Number _____ Telephone Number _____

Street Address _____ PO Box # _____

City _____ Phone Number _____

Employed? ____ YES ____ NO If yes, please list where you are employed and date started. _____

Spouse's Name _____ Date of Birth _____

Social Security Number _____ Is Spouse Employed? ____ YES ____ NO

List the names and social security numbers of all persons age 18 or over that reside at this address and where they are employed. Please use the back of this form.

If you are retired or your sole source of income is one listed below, please check here ____ (Circle which type applies) Social Security, Pension/Retirement, Interest, Dividends, Permanent Workers Compensation, Disability payments, Active Military Pay, or under 18 years of age.

Do you own any property that you rent to others? ____ YES ____ NO Please list addresses on back of this form and the date acquired.

Do you rent your current residence? ____ YES ____ NO If yes, list landlord's name and address on back of this form.

I ATTEST THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature

Date

OFFICE USE ONLY

ACCOUNT NUMBER _____ **DATE RECEIVED** _____