

**VILLAGE OF VERSAILLES
DEPARTMENT OF TAXATION**

177 N Center St., PO Box 288, Versailles, OH 45380 937-526-3294 ext. 204

****MANDATORY REGISTRATION – ALL VERSAILLES RESIDENTS****

Each new resident of the Village of Versailles shall register with the Income Tax Department. Please complete the form and return to my office by mail or email to marierose@versaillesoh.com.

1. Name: _____ SS # _____ DOB _____ Phone: _____

2. Spouse: _____ SS # _____ DOB _____ Phone: _____

3. Address: _____

4. What month & year did you move to VERSAILLES? _____

5. Are you presently employed? YES _____ NO _____
Spouse employed? YES _____ NO _____

Employer's Name: _____ (if applicable)

Spouse's Employer's Name: _____ (if applicable)

***If you are not employed, are you: Retired? Yes or No Disability? Yes or No

6. If Self Employed, give type of work & name of business: _____

7. Does any other person– **18 yrs. or older** (Children, Relatives, or Friends) reside with you?
YES _____ NO _____ If yes list their name, social security number & date of birth.

_____	SS# _____	DOB _____
_____	SS# _____	DOB _____

8. Do you have any other type of Income, (example) Farm or Rental property? YES _____ NO _____
If yes, please explain: _____
If you own a rental, what year did you purchase rental property? _____
Rental property address that you own: _____

This information (excluding social security number) may be shared with other departments within the Versailles Village Offices.

PLEASE RETURN THIS REGISTRATION TO THE TAX DEPARTMENT WITHIN 10 DAYS OF RECEIPT