

Village of West Lafayette
Resident Registration Form

Bruce E. Fouch
Tax Administrator

Income Tax Department
113 East Railroad Street
West Lafayette, Ohio 43845
740-545-6541

Name: _____

Street: _____

City: _____

For the purposes of setting and maintaining our tax records, please fill in and return promptly the following questionnaire. Type or print plainly, and answer all questions. An addressed return envelope is enclosed for your convenience. Thank you for your cooperation.

1.) Date you became a resident of West Lafayette _____

2.) Your Social Security number _____ Phone number _____

3.) Are you employed? Yes ___ No ___ Is any income derived from: Salary ___ Wages ___

Part time employment ___ Contract labor ___ Misc. Income ___ Pass thru Entity ___

4.) List all sources of income and / or employers:

Name of Employer, contract labor and / or misc. income	Address	Date
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(If employer withholds West Lafayette Tax mark an "X" in the circle to the left)

5.) Spouse's Name _____ Social Security No. _____

Is your spouse employed? Yes ___ No ___ Employer _____

Employer's Address _____

6.) List persons (over 18) residing at your address (use other side)

7.) If unemployed mark an "x" beside the choice which most accurately describes your situation:

___ Retired on Pension or Social Security ___ Unemployable because of wage or health

___ Unemployed housewife ___ In U.S. Armed Services

___ Student ___ Under 18 years of age ___ Other (Please explain on other side)

8.) Do you have Rental Income? ___ If yes, give potential yearly gross _____

9.) List all rental addresses on other side

Signed _____ Date _____

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INDIVIDUALS 18 AND OVER RESIDING AT YOUR ADDRESS

NAME

SOCIAL SECURITY NO.

RENTAL PROPERTY WITHIN THE VILLAGE OF WEST LAFAYETTE

Additional Data and Comments: