

HEBRON INCOME TAX REGISTRATION – INDIVIDUAL RESIDENT

HEBRON INCOME TAX
934 W. MAIN STREET
HEBRON, OH 43025
(740) 928-3641 FAX (740) 928-5104
www.hebronvillage.org

VILLAGE ORDINANCE 1414-96 REQUIRES ALL HEBRON RESIDENTS WHO ARE 16 OR OLDER TO REGISTER WITH THE INCOME TAX DEPARTMENT AND TO FILE AN ANNUAL TAX RETURN. THE CURRENT RATE OF TAX IS 1.5%. INCOME TAX RETURNS WILL BE MAILED TO YOU BY JANUARY 31ST. RETURNS ARE DUE BY APRIL 15TH. ALL INFORMATION IS CONFIDENTIAL.

PLEASE COMPLETE THIS FORM AND RETURN IT WITHIN 15 DAYS OF RECEIPT.

NAME: _____ Phone: _____

SPOUSE: _____ Phone: _____

ADDRESS: _____ P.O. BOX _____

YOUR SS# _____ SPOUSE SS # _____

YOUR EMPLOYER: _____ ADDRESS: _____

SPOUSE'S EMPLOYER: _____ ADDRESS: _____

Are you renting your home _____ or buying _____ (Please check one)

If renting, give name and address of landlord: _____

PLEASE CHECK IF THE FOLLOWING APPLY:

RETIRED PERSON RECEIVING ONLY PENSION INCOME. DATE RETIRED: _____

HAVE NO TAXABLE INCOME. SOURCE OF INCOME: _____

ALL OTHERS IN YOUR HOUSEHOLD WHO ARE 18 OR OLDER ARE REQUIRED TO REGISTER.

FULL NAME: _____ SOCIAL SECURITY # _____

FULL NAME: _____ SOCIAL SCEURITY # _____

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VILLAGE ORDINANCE 1414-96 REQUIRES ALL HEBRON RESIDENTS WHO ARE 16 OR OLDER TO REGISTER WITH THE INCOME TAX DEPARTMENT AND TO FILE AN ANNUAL TAX RETURN. THE CURRENT RATE OF TAX IS 1.5%. INCOME TAX RETURNS WILL BE MAILED TO YOU BY JANUARY 31ST. RETURNS ARE DUE BY APRIL 15TH. ALL INFORMATION IS CONFIDENTIAL.

PLEASE COMPLETE THIS FORM AND RETURN IT WITHIN 15 DAYS OF RECEIPT.

NAME: _____ Phone: _____

SPOUSE: _____ Phone: _____

ADDRESS: _____ P.O. BOX _____

YOUR SS# _____ SPOUSE SS # _____

YOUR EMPLOYER: _____ ADDRESS: _____

SPOUSE'S EMPLOYER: _____ ADDRESS: _____

Are you renting your home _____ or buying _____ (Please check one)

If renting, give name and address of landlord: _____

PLEASE CHECK IF THE FOLLOWING APPLY:

RETIRED PERSON RECEIVING ONLY PENSION INCOME. DATE RETIRED: _____

HAVE NO TAXABLE INCOME. SOURCE OF INCOME: _____

ALL OTHERS IN YOUR HOUSEHOLD WHO ARE 18 OR OLDER ARE REQUIRED TO REGISTER.

FULL NAME: _____ SOCIAL SECURITY # _____

FULL NAME: _____ SOCIAL SCEURITY # _____

SIGNATURE: _____ DATE: _____

HEBRON INCOME TAX REGISTRATION – INDIVIDUAL RESIDENT

HEBRON INCOME TAX
934 W. MAIN STREET
HEBRON, OH 43025
(740) 928-3641 FAX (740) 928-5104
www.hebronvillage.org

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