

**CITY OF AMHERST, OHIO**  
**INCOME TAX DEPARTMENT**

480 Park Avenue Amherst, OH 44001-2258  
Phone (440) 988-4212 Fax (440) 988-3749  
Email: incometax@amherstohio.org

Richard S. Ramsey  
Treasurer

1. Name: \_\_\_\_\_ SS# \_\_\_\_\_

2. Spouse's Name: \_\_\_\_\_ SS# \_\_\_\_\_

3. Address: \_\_\_\_\_ Apt #. \_\_\_\_\_

4. Phone: (      ) \_\_\_\_\_ Date Moved Into Current Location: \_\_\_\_\_

5. Previous address if located in the city: \_\_\_\_\_

6. Do you own your place of residence in the city of Amherst?      Yes      No

If renting, please give the name and address of owner \_\_\_\_\_

7. Email Address: \_\_\_\_\_

8. Give name, birth date and SS# of all others residing at this address:

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

9. If you or your spouse is not employed, please place a date in front of the statement that most accurately describes your status:

	Yourself	Spouse
Retired Since	_____	_____
Disabled Since	_____	_____

10. Do you or your spouse have income from self-employment?      Yes      No

If yes, give the name and address of the business \_\_\_\_\_ Fed. ID# \_\_\_\_\_

11. Do you or your spouse own rental property?      Yes      No

By signing this form, I acknowledge that all statements are true to the best of my knowledge. I also acknowledge that I have received a copy of "Tax Information for Amherst City Residents."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

All information provided on this form is confidential and is used for city income tax purposes only.